



## OCEAN AFTERCARE CANCELLATION/CHANGE NOTICE

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Current Plan \_\_\_\_\_ Days \_\_\_\_\_ Pick-up Time \_\_\_\_\_ Monthly Plan Fee \$ \_\_\_\_\_

### CHANGE OR CANCELLATION

Change to: Plan \_\_\_\_\_ Days (Circle) M T W T F Pick-up Time \_\_\_\_\_ Monthly Plan Fee \$ \_\_\_\_\_

Cancellation: Student will no longer attend Ocean Aftercare as of (date) \_\_\_\_\_.

Date Effective \_\_\_\_\_ (30 days notice is requested.)

PLEASE NOTE: Tuition is billed on a monthly basis. Cancellations/changes will be effective for the next month's billing. If notice is received 30 days or more prior to the 1st of that month. Notice received less than 30 days prior to the 1st of the month will result in full tuition being due for that month; and cancellation/change will go into effect for the next month and be reflected on that bill.

Please place this completed form in the Ocean Aftercare lock box on either campus, or **FAX** to: North Campus: 310-390-6353, or South Campus: 310-827-2012.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

VIA  FAX  LOCK BOX CHANGE EFFECTIVE (date) \_\_\_\_\_