

WCPSS Before and After School Program

Enrollment Termination Form

Date: _____

Name of School: _____

Name of Student: _____

Before School Program:

After School Program:

Enrollment in the above program(s) are terminating on _____
(date is required)

Site Coordinator's Signature: _____

Date: _____

*Parent's Signature: _____

Date: _____

(If Parent's Signature is not available)

Principal's Signature: _____

Date: _____

*** If parent is eligible for an adjusted rate, he/she MUST complete a Vendor Information Form. A Vendor Information Form must accompany this document.**