## **Kids' City Service Cancellation**

We are sorry to hear you want to cancel your service at Kids' City.

Please complete the information below and we will process your request and update our records accordingly.

For all cancellations, we require two weeks notice and there is a £25 administration fee. This amount will be deducted from any refund due to you, providing your account and payments are up-to-date.

Please note that if there is an outstanding balance on your account, this becomes due immediately we receive your cancellation notice.

Please allow up to 15 working days for your refund to be issued.

## YOUR DETAILS

Full Name			
	First Name	Last Name	
E-mail			
Phone Number			
	Area Code	Phone Number	
Child's name (1)			
Child's name (2)			
Child's name (3)			
Site attended			
Days attended	Monday		
	Tuesday		
	Wednesda	ıy	
	Thursday		
	Friday		

## DATE OF CANCELLATION

DATE OF CANCELLA	ATION						
Please tell us the las	t date you	ı want your	child(ren) to attend.				
Last date of service	Month	Day	Year				
REASON FOR CANC	ELLATIO	N					
Please tell us the reason	Childcare no longer needed						
you are cancelling the service	Going to a different school						
	Moving home and leaving the area						
	Redund	Redundancy or lost job					
	Unhappy with the service						
	Using childminder						
	Using nanny						
	Other						
If you are unhappy with the service, please tell us what we could have done better							
REFUND							
If any refund is due, indicate your prefere			ou by direct bank transfer or chequ	e. Please			
For refund by direct	hank tran	sfor place	e also provide your bank details				

For refund by direct bank transfer, please also provide your bank details.

Refund method	Cheque Direct bank transfer
Account holder name	
Account number (8 digits)	
Sort code (6 digits)	

Please do not submit the form, instead kindly email the filled form to info@kidscity.org.uk. Thank you.