A logo with bees and a beehive

Description automatically generated

**Belleville Beehive Wraparound Care Cancellation Form**

I wish to cancel my child’s place at Belleville Beehive Wraparound Care. By completing and returning this form to the school, I am providing a half term’s notice in writing.

Notice must be given at the beginning of the half term before the half term you wish to stop using the provision, i.e. if you don’t wish to use wraparound care from January (Spring Term 1), you will need to let us know by the beginning of November (Autumn Term 2).

During this half term’s notice period, my child will continue to be able to attend their wraparound care sessions and I undertake to pay all fees due.

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| --- | --- |
| Name of child: |  |
| Class: |  |
| My child will cease to use Wraparound Care from:  (Please insert term and year.) |  |
| Name of parent/carer: |  |
| Signature of parent/carer: |  |
| Date: |  |

Please print and sign this form and either return it to the School Office at either Webb’s Road or Meteor Street marked for the attention of the Wraparound Manager, or email it to [wraparound@belleville.q1e.org.uk](mailto:wraparound@belleville.q1e.org.uk)