



Cancellation Form

Child's Name: _____ Room: _____

Last date child will attend UWM Children's Learning Center: _____

Parent Name(s): _____

Current Address: _____

If moving, new address: _____

Reason for leaving the UWM Children's Learning Center:

What things did you like about the Center -- what did we do well?

What could have been done to better serve you and your child?

Any other comments you have would be welcomed.

Parent/Guardian Signature

Date