



Learn to Swim – Cancellation Form

Student Name

Parent Name

Date of Last Lesson (4 Weeks from Today's Date)

Thank you for being a part of the NAC Learn to Swim Program.
We are always looking to improve our services. Completing the following survey will aid us in improving the Learn to Swim experience enjoyed by our current and future members.

1. What is the reason you want to cancel your lessons?
2. What did you like/dislike about the NAC Program?
3. Would you recommend the NAC?
4. Do you plan to come back in the future to further develop your child/children's swimming skills?
5. Further Comments:

Note: If a medical certificate is required for any reason, please copy and attach to this Form.

Parent Signature: Date

Office Use:

Student I.D Responsible Person I.D

Day and Time of Lesson..... Level

Processed by: Date.....

Comments.....
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Family Credit Applied..... Approved By Date