

Termination of after-school activities or cancelling the service agreement

INFORMATION		
Child's first name	Child's last name	Identity number
Organizer of the after-sch	ool activities and operating unit loca	ition
Feedback and greetings to	o the organizer of after-school activit	ties (optional)
Date		
Guardian's signature (sign	natory to the service agreement)	
Guardian's signature	Guardian's	print name
•	nination is one calendar month. The t	,
of the month in which the ragreement will terminate of		cancel the agreement in January, the
		r-school activities in question, as well
	arning Department, address: Vantaa 01030 Vantaan kaupunki, or <u>iltapaivat</u>	