

**ROCK ISLAND ARSENAL
CHILD AND YOUTH SERVICES
TERMINATION OF SERVICES**

Date: _____

I hereby wish to submit my 2-week written NOTICE OF TERMINATION OF SERVICES. If this is less than a 2-week notice, I am aware that I am responsible for fees through my child's last day.

Last day: _____

Child's Name/Age: _____

CYS Program: CDC SAS YS

Reason for Termination (*Circle all that apply*):

ETS PCS Using another Service: CDC FCC SAS YS

OTHER, please explain _____

Printed name of Guardian: _____

Signature of Guardian: _____

Director Signature: _____

FOR OFFICE USE ONLY:

CYS Representative: _____ Date: _____

CYS Comments: _____

Balance Paid: _____ Date: _____

Date Transferred to History: _____

Send completed form to CERO, BLDG 110.