

## Cancellation Policy

I understand that you occasionally will be unable to be present at your scheduled appointment. When this happens, I ask that you notify me as soon as possible, so that I may make your appointment time available to another client. Unless it is an emergency, or you or your child become urgently sick, you will need to provide 24 hours cancellation notice, or you will be charged a missed appointment fee of \$50 . Whenever possible, I do try to reschedule a missed appointment within the week.

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I have read and I understand the policy stated above and agree to accept responsibility as described.

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Please Print Name

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Client Signature

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Date