

# Cancellation of Registration

Date: [Insert Date]

To: [Pediatric Clinic Name]

Address: [Pediatric Clinic Address]

Dear [Clinic Administrator's Name],

I am writing to formally cancel my child's registration at your pediatric clinic. Please find the details below:

**Child's Name:** [Child's Full Name]

**Date of Birth:** [Child's Date of Birth]

**Registration Number:** [Registration Number]

Due to [reason for cancellation, e.g., relocation, change in insurance, etc.], I will no longer be able to continue with your services. I appreciate the care provided to my child during our time at your clinic.

Please confirm the cancellation of registration at your earliest convenience.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Contact Information]