



Early Years Care

Cancellation of Care Form

Childs Name: _____

Educators Name: _____

Date child will cease care: _____

I, _____

have given the above educator 4 weeks notice of my attention of ceasing care due to:

I understand that if my child does not attend this service during this period of time, I need to pay full fees as per Family Assistance Law. My child cannot start or end care on an absence and claim Child Care Subsidy (CCS)

Parents/Guardian Signature: _____

Date: _____

Educator's Signature: _____

Date: _____

Yes. I would like to offer you some feedback via a mailed exit interview