



CANCELATION OF CARE

You must provide 2 weeks' notice of your intent to withdraw your child from our service.

Child's Name:

Child's Room: BABY/TODDLER PRE-KINDY KINDY

Date of Last Day of care:

Reason for the discontinuation of care:
.....
.....

- Your child must attend the centre on the last booked day to receive the Child Care Subsidy – absence days even with a doctor's certificate are NOT accepted by the Department of Human Services.
- I understand that 2 weeks' notice must be given or the full fee is charged with no child care benefit received.

Parents Name: _____

Signed: _____ Date: _____

Bond Refund Details

My Direct Deposit details are listed below:

Account Name holder: _____

BSB: _____ Account number: _____

✂

Office Use Only:

Confirmation of Cancellation of Care

Parents Name: _____

Child's Name: _____

Confirming the Last Day of care is: _____

- Your child must attend the centre on the last booked day to receive the Child Care Subsidy – absence days even with a doctor's certificate are NOT accepted by the Department of Human Services.

Signed (Director/Admin)Date.....

--Admin Use only--

Sighted by Room

Sighted by Director

CANCELLATION: Email list

CANCELLATION: SPIKE

Bond Refunded

BOND AMOUNT

\$