

# Notification of Cessation of Care

---

Children Information:

Child First & Last Name	Classroom	Days Attended (Circle)
		Mon / Tue / Wed / Thurs / Fri
		Mon / Tue / Wed / Thurs / Fri
		Mon / Tue / Wed / Thurs / Fri
		Mon / Tue / Wed / Thurs / Fri

I wish to give end of care notice at \_\_\_\_\_ (insert name of centre)  
that my child's / children's final day at the centre will be  
\_\_\_\_\_ (insert date).

I understand that if my child/ren does not attend the centre during the 2 week notice period, I will be required to pay full fees due to current Legislation which state that Child Care Subsidies for allowable absences cannot be claimed for a child who has ceased care. (I.e. You cannot claim Child Care Subsidies for days that your child does not attend before the date of leaving. Your child must attend the booked days before leaving to claim Child Care Subsidy, otherwise full fee are required to be charged.)

- I understand that my account must be paid up to and including the last day of the notice period or attendance, whichever is the latter.

Please state the reason why you are terminating your child's enrolment to enable us to maintain quality care.

---

---

---

---

Thank you.

If a refund of fees is due, please include your bank details for automatic transfer.

Account name \_\_\_\_\_ BSB \_\_\_\_\_ Account number \_\_\_\_\_

_____	
Date Signed	
_____	_____
Parent Signature	Centre Director Signature