

Educator's Name:

## **Termination of Care/Exit Form**

Parents/Educators are required to give written notice of care terminating. The child/ren must use care in their last week. If a child does not come into care during this week of notice, then the parent will be required to pay full fee without CCS. Please contact the Co-ordination Unit for more information, if required.

This form is to be completed by parents who are transferring their children from one Educator to another or leaving Queanbeyan-Palerang Family Day Care.

Parent's Name	e:							
Child's Name:					DOB:			
Last Day in Ca	are:							
				1				
			other FDC Educator?					
Is the child bei	ing moved		other childcare service?					
		If	yes, please select whichev	er is				
NSW Childcar	e Centre		ACT Childcare Centre		Other F	DC Scheme	Other	
<b>r</b>								
Reason for Le	eaving Car	<b>'e</b> (pl	lease select most relevant)					
Leaving area/ change in family circumstances/employment								
Financial Reasons								
Child progressing to pre-school/school								
Hours o	f care do n	ot su	it family needs					
Dissatis	faction with	qua	lity of care (please detail b	elow,	)			
Other (please detail below)								
Comments/Detail for above								
Parent Signature:				Date	e:			
OFFICE LIGH	ONI V							
OFFICE USE	UNLY			1		1		
Comments:					Signed:			
					- C.g C.a.			
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