

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 Nam	e:							
Child's Name	:				DOB:			
Last Day in C	are:							
Is the child be	ing moved	l to ar	nother FDC Educator?					
Is the child be	ing moved	l to ar	nother childcare service?					
		If	yes, please select whichev	er is	applical	ole:		
NSW Childcare Centre			ACT Childcare Centre		Other F	ther FDC Scheme Other		
Reason for Leaving Care (please select most relevant)								
Leaving area/ change in family circumstances/employment								
Financial Reasons								
Child progressing to pre-school/school								
Hours of care do not suit family needs								
Dissatisfaction with quality of care (please detail below)								
Other (please detail below)								
Comments/Detail for above								
Parent Signature:				Date	:			
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OFFICE USE	ONLY					1		
Comments:					Signed:			
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