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TERMINATION OF CARE FORM

PARENT/GUARDIAN NAME	
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Name/s of Children Ceasing Care:

Child 1:	
Child 2:	
Child 3:	
Child 4:	

Educators Name:	
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Date of last day of care:	
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Reason for Ceasing Care:

Parent/Guardian	
Signature:	Date:

NOTE TO PARENT/GUARDIANS AND EDUCATORS:

*To receive CCB, child/ren must attend on the last booked day of care stated above.
 If child/ren do not attend, CCB will not be applied to the fees and fees for the last session will be full parent fees*

Office use only:

<i>Placement officer sighted:</i>	<i>Stop date recorded in harmony:</i>
<i>Deleted family email address from contact group:</i>	<i>Stop date on child's contract in Harmony:</i>
<i>Child is transferring to another ASFDC Educator</i>	<i>Educator:</i>