



CANCELLING PERMANENT CARE NOTIFICATION FORM

Date_____

Child's Name_____

14 days' notice must be given for full cancellation of care

I wish to permanently cancel all care.

Please Circle – My child/ren will will not be attending care during the 14 days' notice.

Start Date_____

Name of Parent _____

Signature _____

Staff Signature_____

This form must be handed to a staff member to sign