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| **NOTICE TO TERMINATE CARE ARRANGEMENTS.** Version 1 (Jan, 2014) |

This form is to be completed when a child’s Education and Care is being terminated with Holistic Approach Family Day Care Scheme or if a child is transferring to another educator within Holistic Approach Family Day Care Scheme.

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| **Child’s Name:** |
| **Parent’s Name:** |

**I no longer require care with (Educator’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**And my child’s last day in care will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **I understand and acknowledge that I can not claim CCB if my child is absent on their last day of care with Holistic Approach Family Day Care Scheme.**  **Parent’s Signature:** |

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| **REASON FOR TERMINATING EDUCATION AND CARE WITH HOLISTIC APPROACH FDC.** |
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| **TRANSFERRING TO ANOTHER EDUCATOR (EDUCATOR’S NAME):** |

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| **PARENT’S SIGNATURE:** |
| **DATE:** |
| **EDUCATOR’S SIGNATURE:** |
| **DATE:** |
| **EDUCATORS PLEASE NOTE:**  All documentation relating to the child must be returned to Holistic Approach FDC. |