



Holistic

A P P R O A C H F D C

NOTICE TO TERMINATE CARE ARRANGEMENTS.

Version 2 (Nov, 2021)

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.

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: _____****I understand and acknowledge that I cannot claim CCS if my child is absent on their last day of care with Holistic Approach Family Day Care Scheme.****Parent's Signature:****REASON FOR TERMINATING EDUCATION AND CARE WITH HOLISTIC APPROACH FDC.****TRANSFERRING TO ANOTHER EDUCATOR (EDUCATOR'S NAME):****PARENT'S SIGNATURE:****DATE:****EDUCATOR'S SIGNATURE:****DATE:****EDUCATORS PLEASE NOTE:**

All documentation relating to the child must be returned to Holistic Approach FDC.