|  |
| --- |
| **NOTICE TO TERMINATE CARE ARRANGEMENTS.** Version 3 (July 2023) |

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. |