

Version 3 (July 2023)

NOTICE TO TERMINATE CARE ARRANGEMENTS.

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