



Change of Days or Cancellation of Care Form

Date of Notice: _____

Child's Name: _____ Child's DOB: _____

Withdraw Child from the Centre

Last day of attendance will be: _____

(Please note: four (4) weeks' notice must be given per *Fee Policy*).

OR

Dropping Days of Attendance

I wish to inform the centre that my child will be dropping the following days of care (circle below):

Monday Tuesday Wednesday Thursday Friday

Date new attendance to begin: _____

(Please note: four (4) weeks' notice must be given per *Fee Policy*).

Reason for cancelling care or dropping days at the centre:

Please rate your experience at the centre with (1) being lowest and (5) being highest:

Programs	Cleanliness	Staff	Management

Any comments you wish to make about the centre:

I understand that all fees are payable whether or not my child attends on or before their last enrolled day of care. I am also aware that Child Care Subsidy (CCS) cannot be claimed should my child not attend on their last day of care and days immediately prior.

Parent Name: _____

Parent Signature: _____

Date: _____

Please return this form to the centre Director.