



TERMINATION OF CARE

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| I _____ wish to terminate the care at Connells Point Before and After School Care for my child. | |
| Child(ren) name(s) | |
| Effective from | |
| Parent/Guardians' Name | |
| Parent/Guardians' signature | |
| Educators signature | |
| Date Received | |
| Office Only | |
| Coordinator/Assistant Coordinator Name | |
| Signature | |
| Date Entered | |

**Please note, Connells Point BASC Termination of Care Policy clearly stipulates a 2-week notification period is require from Families which will commence once the completed form in received.
 Families will continue to be charged during this 2-week period.*