

TERMINATION OF CARE

Please be aware that we require 2 weeks written notice for termination of care.

Name of child/ren:

Current Days:

Monday	Tuesday	Wednesday	Thursday	Friday
BSC <input type="checkbox"/>	BSC <input type="checkbox"/>	BSC <input type="checkbox"/>	BSC <input type="checkbox"/>	BSC <input type="checkbox"/>
ASC <input type="checkbox"/>	ASC <input type="checkbox"/>	ASC <input type="checkbox"/>	ASC <input type="checkbox"/>	ASC <input type="checkbox"/>

Child's last day at the service: _____

Parent/Guardian completing form:

Signature: _____

Date: _____

Staff Use Only:

Details updated in Qikkids

By: _____

Date: _____

Printed rolls updated (if applicable)

By: _____

Date: _____

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