TERMINATION OF CARE

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

care.				
Name of child/r	ren:			
Current Days:				
Monday	Tuesday	Wednesday	Thursday	Friday
BSC □	BSC □	BSC □	BSC □	BSC □
ASC □	ASC □	ASC □	ASC □	ASC □
	at the service:			
Parent/Guardia	n completing for	m:		
Signature:			Date:	
Staff Use Only:	^^^^		. ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^	^^^^^
-	d in Oikkids	Dv.		Date:
☐ Details updated in Qikkids			By:	
☐ Printed rolls updated (if applicable)) By:		Date:
	TERMI	NATION OF	CARE	
Please be awar	TERMI re that we requir			mination of
	re that we requir			mination of
care.	re that we requir			rmination of
Name of child/r	re that we requir			mination of Friday
care. Name of child/r Current Days:	re that we requir	e 2 weeks writte	n notice for te	_
Current Days: Mane of child/r Current Days:	re that we requirent	e 2 weeks writte	n notice for te	Friday
Current Days: Monday BSC ASC Child's last day	Tuesday BSC ASC at the service:	e 2 weeks writte Wednesday BSC □ ASC □	n notice for te	- Friday BSC □
Current Days: Monday BSC ASC Child's last day	Tuesday BSC ASC	e 2 weeks writte Wednesday BSC □ ASC □	Thursday BSC □ ASC □	- Friday BSC □
Current Days: Monday BSC ASC Child's last day	Tuesday BSC ASC at the service:	e 2 weeks writte Wednesday BSC □ ASC □	Thursday BSC ASC Date:	Friday BSC □ ASC □
Current Days: Monday BSC ASC Child's last day	Tuesday BSC ASC at the service:	e 2 weeks writte Wednesday BSC □ ASC □	Thursday BSC □ ASC □	Friday BSC □ ASC □
Current Days: Monday BSC ASC Child's last day Parent/Guardia Signature:	Tuesday BSC ASC at the service:	e 2 weeks writte Wednesday BSC □ ASC □	Thursday BSC ASC Date:	Friday BSC □ ASC □