



Termination of Care – Permanent Bookings

This form must be given to the Coordinator of the service utilised prior to your child's last day in order to finalise your cancellation with us. Please note that one form per child must be filled in.

Family's Details:	
Parent/Guardian Names:	
Child's Name:	
Email Address(es):	
Contact Phone Number(s):	
Postal Address:	

This request relates to the following service:			
Mountain View <input type="checkbox"/>	Ocean View <input type="checkbox"/>	BBOSHC <input type="checkbox"/>	IOSHC <input type="checkbox"/>
KOSHC <input type="checkbox"/>	NTOSHC <input type="checkbox"/>	SAOSHC <input type="checkbox"/>	

Cancellation Details:	
I wish to cancel ALL of my booking(s) for my Child as listed above	Yes / No
Reason for cancelling care:	
Date of Notice:	
Last Day (2 weeks after Notice):	

Confirmation:			
By signing this form, I acknowledge the following:			
<ol style="list-style-type: none"> 1. I must give two weeks' notice, which means the last booked session can be no earlier than 2 weeks from date of notice. 2. The Government will only pay CCS up to the last physically attended session. This means if you finish on an absence/s you will not be paid CCS on those sessions. 3. Our account must be fully settled before the final day of care. Please note, the Government may make adjustments to CCS which may vary the account, if finishing on an absence. 			
Signature of Parent/Guardian:		Date:	
Signature of Co-Ordinator/Director:		Date:	
Signature of Administration:		Date:	