

**Attention: Children's Services Manager and Administrator**

**TERMINATION OF CARE**

I, (Parent/Guardian's name) \_\_\_\_\_ wish to terminate care for my child/ren (child/ren's name/s): \_\_\_\_\_

who attend/s the following school at (please tick):

- |  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hurstville Grove PS | <input type="checkbox"/> Mortdale PS | <input type="checkbox"/> Penshurst PS |
| <input type="checkbox"/> Penshurst West PS   | <input type="checkbox"/> Narwee PS   | <input type="checkbox"/> St Declans   |

and care at OOSH Centre located at (please tick):

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Pole Depot Hall | <input type="checkbox"/> Penshurst West P.S. Hall | <input type="checkbox"/> Mortdale P.S. Hall | <input type="checkbox"/> Narwee P.S. Hall |
|--|---|---|---|

**Termination of Care**

**Last Date of Care** \_\_\_\_\_ **Last Day of Care** (e.g. Monday etc.): \_\_\_\_\_

Note:

- Please refer to the OOSH Family Information Booklet, Item 4.1b), in regard to notice required (one full week) and conditions, Item 4.1c) & d).
- Equipment Levy for any school year carries to the end of that year. This amount is non-refundable.
- Re-application for care is required, with a minimum exclusion period of eight weeks after initial termination.

**Please complete:**

I have withdrawn my child/ren from care due to:

- |   |  |
|---|--|
| <input type="checkbox"/> Changes to work arrangements | <input type="checkbox"/> Changing schools                |
| <input type="checkbox"/> Moving from area             | <input type="checkbox"/> Family now caring for child/ren |
| <input type="checkbox"/> Maternity/Paternity leave    | <input type="checkbox"/> Unhappy with service            |
| <input type="checkbox"/> Age of child(ren)            | <input type="checkbox"/> Cost                            |

Please tell us what you thought of the care we provided to your family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Parent/ Carer's Signature</b>		<b>Date</b>	
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**OFFICE USE ONLY**

Form received by:	<hr/> Name	<hr/> Signature	<hr/> Date
Entered into Transport Book by:	<hr/> Name	<hr/> Signature	<hr/> Date
Revised in CiviCRM by:	<hr/> Name	<hr/> Signature	<hr/> Date
Data entered into KidsWizz by:	<hr/> Name	<hr/> Signature	<hr/> Date
Data entered into CS spreadsheet by:	<hr/> Name	<hr/> Signature	<hr/> Date