



Cessation of Care Form

I _____ (parents name)

parent of _____ (child/rens name)

advise that from (date) _____

I will terminate care with _____ (Educators name)

(CCB attendance regulations apply regarding notice periods. Please confirm attendance requirements with your Educator to ensure your CCB is payable)

Or

Educator no longer able to provide childcare

Parent Signature _____ Date _____

Educator Signature _____ Date _____

To be submitted to the FDC office with the last timesheet for the child/ren

Please attach the following relevant records required by the Regulations and return to the office:

- Enrolment Form
- Custody/Court paper
- Medication Authorities
- Records of accidents/incidents
- Risk Assessment forms
- Parent/Educator agreements
- Child Development Charts/Records
- Observations

February 2012