

CABONNE FAMILY DAY CARE 103 Bank Street, Molong NSW 2866 (02) 6392 3219 | fdc@cabonne.nsw.gov.au



14 DAY NOTICE FORM

Parent Name					
Child Name					
Educator Name					
I hereby give written notice according to the Service Fees and Charges Policy in relation to my child either:					
Finishing in Care – COMPLETE SECTION A					
Decreasing Days of Care – COMPLETE SECTION B					
SECTION A – Finishing in Care					
Final Day of Care Required					
Reason for Finishing in Care					
✓ I understand families must give fourteen days' notice when finishing in care.					
 ✓ I understand if my child does not attend on their last day of care, I will have to pay full fee. This includes any consecutive absence days leading up to the child's last day. This is a Child Care Subsidy regulation, not a service regulation. ✓ I understand families must pay all owing child care fees to educator before they are able 					
to start care with another educator registered with this service.					
Parent Signature:				Date:	
Educator Signatur	re:			Date:	
OFFICE USE ONL	V Data Enre	olment Ended:			
OFFICE USE ONL	Date Ellin	oment Ended.			
SECTION B – Decreasing Days or Hours of Care					
Days of care no longer needed					
Commencement date of new Complying Written Arrangement					
✓ I understand families must give fourteen days' notice to alter a Complying Written Arrangement.					
Educators – Please ensure an updated Complying Written Arrangement is completed.					
Parent Signature:				Date:	
Educator Signatur	re:			Date:	