



TERMINATION OF CARE

I _____ wish to terminate the care at Connells Point Before and After School Care for my child.	
Child(ren) name(s)	
Effective from	
Parent/Guardians' Name	
Parent/Guardians' signature	
Educator's signature	
Date Received	
Office Only	
Coordinator/Assistant Coordinator Name	
Signature	
Date Entered	

**Please note, Connells Point BASC Termination of Care Policy clearly stipulates a 2-week notification period is require from Families which will commence once the completed form is received.
Families will continue to be charged during this 2-week period.*