



Withdrawal From Care

Two (2) weeks written notice is required. Fees are due for this period which will be covered by your previous payment of 2 weeks fees in advance if account has remained up to date.

Child's Name: _____

Room: _____

Parent/Caregiver Name: _____

Date of Notification: _____

Expected last date of attendance (min 2 weeks): _____

Reason for Withdrawal:

Would you like to speak to the Director about any concerns? _____

Do you have any evaluative comments that would help us to provide a high quality caring environment for other families and children?

Signed: _____

Thank you for your time with us. We wish you and your family all the best.

<u>OFFICE USE</u> <u>Notes:</u>	Final date of attendance: _____ Fees Paid: _____ Portfolio given: _____
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247 Main Rd, Toukley NSW 2264
P: 02 4397 1683 E: playtolearn@bigpond.com
ABN: 39 115 248 792