



**Ceasing Care Form**

Privacy Statement

The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

Name of service/educator \_\_\_\_\_ Date of notice \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Last day of attendance will be (Note: two weeks' notice must be given) \_\_\_\_\_

**Outside School Hours Care & Family Day Care ONLY**

I would like my child's position to remain current for casual bookings.  Yes  No

**Please note:**

- Full fees will be charged to your account if your child/ren does not attend the service on their last enrolled day of care.
- Casual care must be used within 14 weeks of ceasing permanent care for your child's Child Care Subsidy enrolment to remain current.
- Once your child's enrolment lapses a re-enrolment fee will be payable if you wish to use care after this time.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for termination of care:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cost of child care               | <input type="checkbox"/> Other means of child care    | <input type="checkbox"/> Parental leave            |
| <input type="checkbox"/> Change in work commitments       | <input type="checkbox"/> Child won't settle           | <input type="checkbox"/> Unhappy with this service |
| <input type="checkbox"/> Child going to primary school    | <input type="checkbox"/> Child's health               | <input type="checkbox"/> Going on holidays         |
| <input type="checkbox"/> No longer living/working in area | <input type="checkbox"/> Other (please specify) _____ |  |

Any other comments you wish to make about the service:

**Office use only**

Date received \_\_\_\_\_  Centrepay/direct debit cancelled

Service/educator contacted  Parent contacted  Booking/schedule cancelled

Week ahead fees removed  Refund form received  Removed from service

Comments \_\_\_\_\_

**DATA AND DOCUMENT CONTROL**