Notice of Intent to Leave

If CPay, Cancelled:

COM.011 Review Date: Dec 2019

I am aware 'as per signed enrolment contract' in order to cease my enrolment, I must provide the Service with 2 weeks written notice.

Non attendance during the 2 week notice period will result in ineligibility for Child Care Benefit reduction, therefore full fees will be payable for this period.

Date:		Family Na	ame:				
To the staff of	f Bay Is	sland Early Learning a	and Care,				
	•	, that I would like to	•	nent for c	hild/ren		
	se you	, that i would like to	ccase my cmom	ichic for c	illia, i cii,		
Names:							
		day of attendance wi					
Reason for lea	aving t	:his service:					
Parents Name:			Signe	Signed:			
Г		CCS Enrolment Cancelled:	Initial:	Date:		7	
	nly:	Booking Cancelled:	Initial:	Date:		=	
	se O	Bus: Yes/No	If Yes Cancel Initial:	Date:		_	
	e U	Room Advised:	Initial:	Date:		_	
	Office Use Only.	Payment Method: CPay/D-D If CPay, Cancelled:	lep/Επτροs/Otner Initial:	Date:		-	
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	INC	tice of Intent to	Leave		Review (Date: Dec 2019	
I am awar	e 'as n	er signed enrolment	contract' in orde	er to ceas	e mv enrolme	ent. I must	
	در ۵.۵	provide the Service			•		
Non outton	d a .a a a	•				Child Care	
		during the 2 week no	•		- , ,		
	-	reduction, therefore		payable f	or this period	•	
Date:		Family Na	ame:				
To the staff of	f Bay Is	sland Early Learning a	and Care,				
I wish to advis	se vou	, that I would like to	cease my enrolm	nent for c	hild/ren.		
Names:	,	,	,		-, - ,		
	c lact o	day of attendance wi	II ho Dato:				
=		day of attendance wi	ii be bate				
Reason for lea	aving t	his service:					
Parents Name: Signed:							
		CCS Enrolment Cancelled:	Initial:	Date:			
	ınly:	Booking Cancelled:	Initial:	Date:			
	se O	Bus: Yes/No	If Yes Cancel Initial:	Date:			
	fice Use Only	Room Advised:	Initial:	Date:			
	ĘĘ	Payment Method: CPay/D-De	p/Ettpos/Other			Ì	

Initial:

Date: