

NOTIFICATION OF LEAVING CARE

| l (parent/guardian- insert name) | | | o | f (insert address |
|---|------------------------------|------------------|----------------------------------|--------------------|
| | | | wish to give two | weeks notice to |
| Stepping Stone (insert centre) | | | that my child/rer | ۱ (insert name/s) |
| will finish care on: | the | of | | 2024 |
| (day) | (date) | O1 | (month) | 2027 |
| NOTE: in the event that your child/ren is absent for any | days prior to and includi | ng the last day | of care you will <u>not</u> be a | ble to claim CCS. |
| Reason for leaving care: (please circle) Child is starting school Child is starting | ng kindergarten | Other: | | |
| • | | Other. | | |
| Parent/Guardian Name: | Signature: | | Date: | |
| This section can be completed by either enrolling parent/guc | irdian of the child/ren. Any | y information be | low must be completed by | the account holder |
| I am the CCS account holder and understand the date indicated above (less any Bond refundassist with claiming the Child Care Subsidy. | | | · · | |
| NB: Please ensure that all direct deposits/ban | k transfers are canc | elled. | | |
| I, as the CCS account holder, authorise for any | remaining credit to I | oe refunded | to the following ban | k account. |
| Name of Bank: | | | | |
| Name of Branch: | | | | |
| Account Holders Name: | | | | |
| BSB: | | | | |
| Account Number: | | | | |
| (If no bank account details are provided, a chec | que will be sent to yo | ur nominate | d address as above.) | |
| I understand that I am responsible for providi account details are incorrect or the cheque is I the credit amount. | - | | | |
| CCS Account Holders Name: | Signati | ure: | Date: | / / |
| This form is an official notification by the parent or guar Childcare & Early Development Centre an | | | | |
| Family Reflection | | | | |
| We would appreciate it if you could provide us | with feedback abou | t vour time a | t our Centre to assis | t us with our |
| 'Continuous Improvement' journey. | men recuback abou | c your come o | e our certire to assis | c do With odi |
| What did you enjoy about your time at our Cer | ntre? | | | |
| | | | | |
| | | | | |
| | | | | |
| What suggestions do you have that would imp | rove the care and ed | ucation offe | red by the Centre? | |
| | | | | |
| | | | | |
| Other comments: | | | | |
| | | | | |
| | | | | |
| Thank you for taking the time to complete thi | s form and using our | r Centre | | |
| | | | | |
| Office use only Note entered into Spike and form scann | ned to H/O | Received by: | | |
| Date: / / | Account holder sign | | | |

Version: January 2024