

ST JOHN BOSCO BASC  
AND  
VACATION CARE CENTRE



CANCELLING CARE  
NOTIFICATION FORM

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**14 days' notice must be given for full cancellation of care**

I wish to permanently cancel all care for  AM  PM

**Please Circle** – My child/ren will will not be attending care during the 14 days' notice.

Start Date \_\_\_\_\_

Name of Parent \_\_\_\_\_

Signature \_\_\_\_\_

Staff Signature \_\_\_\_\_

**This form must be handed to a staff member to sign**