

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.

As per government regulations, if your child does not attend care during the notice period, CCS will be revoked.

Start Date _____

Name of Parent _____

Signature _____

Staff Signature _____

This form must be handed to a staff member to sign