

I (parent/guardian- insert name) _____ of (insert address) _____
_____ wish to give two weeks notice to
Stepping Stone (insert centre) _____ that my child/ren (insert name/s) _____

will finish care on: _____ the _____ of _____ 2022
(day) (date) (month)

NOTE: in the event that your child/ren is absent for any days prior to and including the last day of care you will not be able to claim CCS.

Reason for leaving care: (please circle)

Child is starting school Child is starting kindergarten Other: _____

Parent/Guardian Name: _____ **Signature:** _____ **Date:** ____ / ____ / ____

This section can be completed by either enrolling parent/guardian of the child/ren. Any information below must be completed by the account holder.

I am the CCS account holder and understand that I am responsible for the payment of all fees up to and including the date indicated above (less any Bond refund) and for the signing of the daily sign in/out records for each child to assist with claiming the Child Care Subsidy.

NB: Please ensure that all direct deposits/bank transfers are cancelled.

I, as the CCS account holder, authorise for any remaining credit to be refunded to the following bank account.

Name of Bank: _____
Name of Branch: _____
Account Holders Name: _____
BSB: _____
Account Number: _____

(If no bank account details are provided, a cheque will be sent to your nominated address as above.)

I understand that I am responsible for providing the correct bank account details and in the event that the bank account details are incorrect or the cheque is lost, the cost to resubmit / reissue this refund will be deducted from the credit amount.

CCS Account Holders Name: _____ **Signature:** _____ **Date:** ____ / ____ / ____

This form is an official notification by the parent or guardian that the child/ren indicated will no longer require care at Stepping Stone (SA) Childcare & Early Development Centre and acknowledges an understanding for the payment that is required.

Family Reflection

We would appreciate it if you could provide us with feedback about your time at our Centre to assist us with our 'Continuous Improvement' journey.

What did you enjoy about your time at our Centre?

What suggestions do you have that would improve the care and education offered by the Centre?

Other comments:

Thank you for taking the time to complete this form and using our Centre.

Office use only Note entered into Spike and form scanned to H/O Received by: _____

Date: ____ / ____ / ____ Account holder signature verified: _____