

Lake Macquarie Family Day Care  
 A Quality Education and Care Option for Our Community  
 Ph: 02 4921 0156  
[familydaycare@lakemac.nsw.gov.au](mailto:familydaycare@lakemac.nsw.gov.au)

FILE F20 \_\_\_\_\_ / \_\_\_\_\_



## NOTICE TO CANCEL CARE ARRANGEMENT

*Complete this form to **cancel a care arrangement with Lake Macquarie Family Day Care or when a child is transferring to another educator** within the service. Forward to the office when completed.*

CHILD (first name)  SURNAME:

I,  am giving

(Parent / Educator Name) (Educator / Parent Name)

and Lake Macquarie Family Day Care, notice to cancel the care arrangement.

Last day in care will be  End-date of the care arrangement will be (as per notice period or by mutual agreement)

- Parent and Educator understand that there is liability to pay fees up to and including the agreed arrangement end date.
- Parent and Educator understand that CCS cannot be claimed once the child has stopped physically attending care, and that full fees will be payable from the time the child stops attending care with Lake Macquarie FDC before the required notice period / agreed end date has ended (last day absences rule).

### REASON FOR CANCELLING CARE ARRANGEMENT

- |   |   |
|---|---|
| <input type="checkbox"/> Child is starting / has started school<br><input type="checkbox"/> Using another childcare service<br><input type="checkbox"/> Child has not settled in to care<br><input type="checkbox"/> Moving out of the area | <input type="checkbox"/> Going on maternity / paternity leave<br><input type="checkbox"/> Change in work / study status<br><input type="checkbox"/> Varying workdays / hours<br><input type="checkbox"/> Failure to abide by conditions of the care arrangement |
|---|---|

Transferring to another Educator:

Other (please describe):

The things I valued most about my FDC are:

What I would have liked / suggest is:

My overall satisfaction with my FDC placement is:

Highly satisfied	satisfied	reasonably satisfied	It could have been better

Parent signature  Date

Educator signature  Date

**EDUCATORS PLEASE NOTE: All documentation relating to the child and family must be returned to the office.**  
 Refer to the national Regulation, Division 3 – Information and record-keeping requirements, Regulation 179.  
 Child assessments/evaluations    program    incident records    medication records    enrolment records    any authorisations

*The information is being collected in compliance with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose for which it is being collected, in emergencies or as otherwise required or authorised by law.*

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