

TERMINATION OF CARE

I, *(Parent/Guardian's name)* _____ wish to terminate care for my child/ren *(child/ren's name/s)*: _____ who attend/s the following school at *(please tick)*:

- | | | |
|-----------------------------------------------------|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> <i>Hurstville Grove PS</i> | <input type="checkbox"/> <i>Mortdale PS</i> | <input type="checkbox"/> <i>Penshurst PS</i> |
| <input type="checkbox"/> <i>Penshurst West PS</i> | <input type="checkbox"/> <i>Narwee PS</i> | <input type="checkbox"/> <i>St Declans</i> |

and care at OOSH Centre located at *(please tick)*:

- | | | | |
|------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> <i>Penshurst Hall</i> | <input type="checkbox"/> <i>Penshurst West PS Hall</i> | <input type="checkbox"/> <i>Mortdale PS Hall</i> | <input type="checkbox"/> <i>Narwee PS Hall</i> |
|------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|------------------------------------------------|

Termination of Care

Last Date of Care _____ **Last Day of Care** *(e.g. Monday etc.)*: _____

Note:

- *Please refer to the OOSH Information Handbook, in regard to notice required (one full week).*
- *Equipment Levy for any school year carries to the end of that year. This amount is non-refundable.*
- *Re-application for care is required, a minimum exclusion period of eight weeks after initial termination.*

Please complete:

I have withdrawn my child/ren from care due to:

- | | |
|--------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> <i>Changes to work arrangements</i> | <input type="checkbox"/> <i>Changing schools</i> |
| <input type="checkbox"/> <i>Moving from area</i> | <input type="checkbox"/> <i>Family now caring for child/ren</i> |
| <input type="checkbox"/> <i>Maternity/Paternity leave</i> | <input type="checkbox"/> <i>Unhappy with service</i> |
| <input type="checkbox"/> <i>Age of child(ren)</i> | <input type="checkbox"/> <i>Cost</i> |

Please tell us what you thought of the care we provided to your family.

| | |
|----------------------------------|-------------|
| Parent/ Carer's Signature | Date |
|----------------------------------|-------------|

OFFICE USE ONLY

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|--------------------------------|------|-----------|------|
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| Data entered into Hubworks by: | Name | Signature | Date |