



CANCELLATION/TRANSFER OF CARE

KATH DICKSON FAMILY DAY CARE
METROPOLITAN AND EAST COAST SERVICES | 1300 336 345

Educator Name: _____ Transferring to Educator Name: _____

Parent Name: _____ Parent Email Address: _____

Child/ren Name: _____

Are any Siblings to Remain in Care: Yes No Child/ren Name: _____

Date Notice Given: _____ Proposed Final Date of Care with Educator: _____

Parent Signature: _____ Educator Signature: _____

I am aware that if I do not access care in the final week, Child Care Subsidy (CCS) will not be paid and I will be responsible for payment of the full fee. I am aware that the Educators Fee Contract is to be adhered to when giving notice.

TO BE COMPLETED BY THE EDUCATOR		DATE RETURNED
Completed Incident Reports sent to office to scan to child/ren files		
Completed Medication records sent to office to scan to child/ren files		
Completed Assessment for Learning sent to office to scan to child/ren files		
TO BE COMPLETED BY THE SERVICE - CANCELLATION		DATE COMPLETED
Scanned children's documents into Harmony		
Process final attendance records		
Check timesheet for last day absence		
End Child Bookings		
End CCS Enrolment		
Parent, Partner & Contacts – End Esignatures		
Inactive Parent		
Inactive Child and Stop Care Date		
Revoke Parent from Parent Portal		
Remove of Department Spreadsheet		
TO BE COMPLETED BY THE SERVICE - TRANSFER		DATE COMPLETED
Do a new Booking under Educator		
Send Confirmation of Enrolment		
Update CCS Enrolment		
Save Signed Fee Contract		

