

LEAVING SERVICE FORM

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| NAME OF CHILD: | |
| PARENT/GUARDIAN NAME: | |
| ADDRESS: | |
| EDUCATOR NAME: | |
| <p>LAST DAY OF CARE – Twinkle FDC requires 2weeks notice. Please ensure you plan for your departure from the service by informing your educator 2 weeks in advance of leaving.</p> <p>LAST DAY/DATE OF CARE: ____/____/____</p> | |
| REASON FOR LEAVING: | |
| IMPORTANT INFORMATION - <i>Family Assistance Law Compliance</i> | |
| <p><u>If you leave the service before the end of the notice period, then days remaining will need to be paid in full by you.</u> Your allowable absences cannot be used to exit the service. CCB does not cover care for children when they are not in attendance.</p> <p>CLAIMING ABSENT DAYS - In order to claim any of your child's 42 allowable absent days during the notice period, your child must return to care with the educator after claiming an absent. If your child does not return to care at least on the last day of the notice period; the absent days must be cancelled resulting in Child Care Subsidy not being paid on your behalf and full fees will then apply.</p> | |
| NAME OF PARENT: _____ | |
| SIGNATURE OF PARENT: | DATE: ____/____/____ |
| SIGNATURE OF EDUCATOR: | DATE: ____/____/____ |

This form must be sent into the office, a copy will be returned to you.