



At Home Family Day Care Scheme Cancellation of Care

Child's Name: _____ D.O.B: _____

Educator Name: _____

Last Day of Care: _____ (Child cannot finish on an Absence)

Signature of parent: _____ Date: _____

Feedback from parent (optional)

Please return this form to the At Home Family Day Care Scheme via post:

Unit 14, 2 Rickey Street, Capalaba 4157

Or via email:

info@athomefdcs.com.au

This information may be telephoned to the At Home Family Day Care Scheme on
Ph: (07) 3245 4721