



***At Home Family Day Care Scheme Cancellation of Care***

Child's Name: .....

Educator Name: .....

Date Educator ceasing care: .....

Signature of Parent: ..... Date: .....

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

Feedback from Parent: (optional)

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**Please return this form to:**

At Home Family Day Care Scheme Pty Ltd  
UNIT 14, 2 Rickey Street  
Capalaba QLD 4157

If you prefer, this information may be telephoned to a Service Coordinator on  
**07 3245 4721**

Email: [info@athomefdcs.com.au](mailto:info@athomefdcs.com.au)

*Privacy Statement*

*All information collected by the service in accordance with legislation. All information will be kept confidential and stored securely. Information will be shared with those to whom the records relate or to meet legislative requirements.*