CHILD HOLIDAY/TERMINATION FORM

CHILD NAME: _____
PARENT NAME: _____
EDUCATOR NAME: _____

- TERMINATING CHILD FROM DAY CARE (**2 weeks' notice Period**)
- GOING ON HOLIDAY AND WILL BE RETURNING IN CARE **(Travel Itinerary reflecting date of travel and return date is a must)**

Child 1 name: _____
Child 2 name: _____
Child 3 name: _____
Child 4 name: _____
Last day of care will be_____

Please note last day of care, the child must be physically present at day care, any absences on the last day of care is not eligible for ccs parent will be liable to pay full fee if child finish with absence.

REASON FOR TERMINATING:

_____
_____
_____

PARENT SIGNED _____
NAME _____ Date: _____

OFFICE USE ONLY

Date received: _____/_____/_____
Harmony end date: _____/_____/_____
Holiday period approved: yes /no

Signature: _____ Date: _____

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