



Termination of Care by Parent

Date: ____/____/____

Dear: _____

I hereby give you two (2) weeks' notice of terminating care of my child/ren _____.

Last day of care will be _____.

Reason for Terminating _____

Additional Comments: _____

Thank you

Signed _____

Parent Informed on ____/____/____

Name _____

Signed _____

Office use only

Date received: ____/____/____

Follow up required:

Yes/NO _____

Follow up completed YES/NO Date: ____/____/____ Initials: _____