Termination for Care Provider

Date: ____/____/_____

Dear: _____

I hereby give you two (2) weeks' notice of terminating care of your 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: _____