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## Change of Days or Cancellation of Care Form

Date of Notice: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

**Withdraw Child from the Centre**

Last day of attendance will be: \_\_\_\_\_

(Please note: four (4) weeks' notice must be given per *Fee Policy*).

OR

**Dropping Days of Attendance**

I wish to inform the centre that my child will be dropping the following days of care (circle below):

Monday Tuesday Wednesday Thursday Friday

Date new attendance to begin: \_\_\_\_\_

(Please note: four (4) weeks' notice must be given per *Fee Policy*).

Reason for cancelling care or dropping days at the centre:

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Please rate your experience at the centre with (1) being lowest and (5) being highest:

Programs	Cleanliness	Staff	Management

Any comments you wish to make about the centre:

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I understand that all fees are payable whether or not my child attends on or before their last enrolled day of care. I am also aware that CCB and CCR cannot be claimed should my child not attend on their last day of care and days immediately prior.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the centre Director.**