TERMINATION NOTICE

Date: ____________________

Child’s Name: ____________________

Family Name: ____________________

This note is to inform you that effective ____________________, childcare provided by ____________________ will be terminated.

(Child Care Provider)

Last day of care will be: ____________________

(date)

Please adhere to termination policies with regards to payment and settling of your account.

Reasons for Termination:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signed _______________________________________________