



Departure Form

Service _____ LDC / OSHC / VAC (pls circle)

Date Completed: ____/____/____

Parent to complete

Child's Name: _____

I hereby give notice that my child(ren) is/are departing the service above. Their last **actual** day of attendance will be (day + date) _____, ____/____/____. My notice period runs from ____/____/____ to ____/____/____ being one full week. I understand that if I have not given one full weeks' notice, the Service may charge the equivalent of one current weeks fees as fees are payable to the end of the notice period.

My child's attendance record is fully signed to reflect all attended and absence days to the end of the notice period - Yes or - No (please tick)

We will email you an anonymous survey regarding your time at Sesame Lane. We are always striving to improve our services and your feedback is really important to us and we appreciate you taking the time to complete it.

Reason for leaving (please circle):

- | | | |
|----------------------|-------------------|---|
| Moving home | Commencing school | Change in employment |
| Financial reasons | Unhappy | Care no longer required |
| Family circumstances | Extended holiday | Transfer to another Sesame Lane Service |

Enrolling elsewhere (please give reason): _____

Service Manager Follow up: _____

Current Details

BSB Number: _____

Account Number: _____

Institution Name: _____

Branch: _____

Account Name: _____

Current Address: _____

Parent's Name: _____

Parent Sign

_____/_____/_____
Date

Service Manager Use Only

Departure Completed: Or Transfer to another SLCC Service:

Which Service: _____

Week 1 Notice: Mon ____/____/____ to Fri ____/____/____

Any Fees outstanding to end of notice period: - Yes or - No If Yes, how Much? \$ _____

Action taken to retrieve fees: _____

Child's folder removed from room, enrolment folder retrieved from filing cabinet, all stapled together with departure form on top and filed alphabetically in departure box: - Yes or - No

Child's attendance record fully signed: - Yes or - No

Head Office Admin Use Only

Fee Details

Start date: ____/____/____

Room: _____

Sessions: _____

Departure

Transfer

Total amount of Fees to be returned:

\$ _____

\$ _____