

OATLEY OOSH CARE INCORPORATED

Phone - 9580 6591 Postal Address - PO BOX 263 Oatley NSW 2223 Email - enquires@oatleyoosh.org.au

CANCELLATION OF CARE

I, _____ wish to terminate care for my
child _____

Who attends school at (*please tick*): Oatley PS St Josephs

Termination of Care

Last date of Attendance _____

- My child **will** be attending OOSH during the 3 week notice period.
 My child **will not** be attending OOSH during the 3 week notice period.

Please note three weeks' notice is required to cancel a child's enrolment. If their position can be filled from the waiting list straight away, the payment for the three weeks will be waved.

Parent / Guardian (Print) _____

Parent / Guardian Signature _____ Date _____

Received by		Date	
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