

## **Cancellation Form:**

*Notification form for two weeks cancellation in OSHC/Vac Care sessions.*

I \_\_\_\_\_, give two weeks' notice for the cancellation of my child's session.

Child 1 Name: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_

***Please indicate which session you do not require by ticking the below box***

Before School Care

After School Care

Dates of Session Cancelled:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signed Parent/Guardian

\_\_\_\_\_  
Date