

Exit of Service

I _____ (enrolling person)

confirm that my child/ren _____ (insert names) will no longer be attending Alberton Primary School OSHC due to (please choose one)

- Family circumstances changing
- Graduating to high school
- Moving to a new school
- Changing bookings from permanent to casual

Their last registered day of care will be _____

*****Please note in order to receive your CCS the named child must attend on their last registered day of care*****

I agree to pay the balance of my fees within a fortnight of my exit date. If my fees are not paid in full and no prior correspondence has been made for alternative arrangements then further action from Alberton OSHC or Governing Council may occur. This may include an external debt collection agency being notified to collect fees (debt collection agency fees will also be added to your account and a bad credit rating could be given by the agency)

Should my child return to Alberton Primary School OSHC I agree to complete new enrolment forms before commencement

Signed (Enrolling person) _____

Signed (Director) _____

Date

Date