

Kingston Beach Educational Care Booking Cancellation Form

Notification Date:	Phone:	In Person:
hereby give two week's noti	ce that I wish to cance	l my child's current outlined in the Contact of Care)
I understand that for the pu	rpose of the Family As	sistance Office (Child Care
Benefit, Child Care Rebate) i	t is a requirement that	my child is signed in and out
on their last day, and that m	y failure to do so will r	result in the full fee being
charged to my account.		
Signed:	Date:	
Witness:		