



LOCKLEYS NORTH OUT OF SCHOOL HOURS CARE PROGRAM

*Providing care for kids and service to families*

**Notification form for two weeks cancellation in OSHC/ VAC CARE sessions**

I .....

give 2 weeks' cancellation notice for my child(ren) session.

Child 1 Name.....

Child 2 Name.....

Child 3 Name.....

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

Before School Care

After School Care

***Dates of Sessions cancelled***

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Signed Parent/Caregiver

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Date