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ABN: 85 676 459 681

**CHILD LEAVING CARE FORM.**

**EDUCATORS** – Please complete this form when a child is leaving your care and send the completed form into the office.

Name Of Parent:.....

Name Of Child/ren:.....

Name Of Educator:..... Last Day Of Care:.....

Reason For Leaving Care:.....  
.....

SIGN (EDUCATOR):..... Date:.....  
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Child Absent On Last Day Of Care: YES  NO  CCS Paid: YES  NO   
If YES CCS Adjustment Made By:..... Date:.....  
Enrolment Stop Date / Family Deleted By: ..... Date: .....



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