

# Notice of Withdrawal Form



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **At least four (4) weeks notice must be given to the centre**

Name of child: \_\_\_\_\_ Room: \_\_\_\_\_

Current days enrolled: Mon Tue Wed Thu Fri

Last day and date of attendance: \_\_\_\_\_, \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for withdrawal: \_\_\_\_\_

**NB: New enrolments - withdrawing within the first three (3) months of attendance will forfeit 50% of your bond**

<b>AUTHORISATION</b>			
I, _____ (name of parent/guardian) authorise the above notice and understand that these change(s) will be implemented in four (4) weeks, unless notified by the Director of Grow ELC.			
Signature of parent/guardian: _____		Date: ____ / ____ / ____	
Contact number: _____			
<b><u>OFFICE USE ONLY</u></b>			
Date received: ____ / ____ / ____	Received by: _____	<b>Entered:</b> <input type="checkbox"/> CC <input type="checkbox"/> HW	
Changes approved? YES / NO	Director's Signature: _____	By: _____	Date: ____ / ____

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## Bond/Fees Refund Form

As my child will no longer be attending Grow Early Learning Centre, I would like to arrange for my child's bond/balance of fees to be deposited into my nominated bank account:

Child's Name: \_\_\_\_\_

Child's last day: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Account Holder: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

BSB: \_\_\_\_\_ Account No. \_\_\_\_\_

<b>Centre location:</b>
<input type="checkbox"/> Blacktown
<input type="checkbox"/> Girraween

***NB:*** Your refund will be transferred into your account after your childcare account is reconciled and finalised with childcare benefit and rebate from Centrelink, there are no missing sign in/out entries, and there are no outstanding fees on your child's account.

<b><u>OFFICE USE ONLY</u></b>		<b>Refund Amount: \$</b> _____ . _____
<b>Checked:</b> <input type="checkbox"/> Outstanding fees	<input type="checkbox"/> Bond: \$ _____ . _____ <b>PLUS</b>	<input type="checkbox"/> Credit: \$ _____ . _____ <b>LESS</b>
<input type="checkbox"/> Sign in/out	<input type="checkbox"/> Outstanding Fees: \$ _____ . _____	
<input type="checkbox"/> CCB/CCR reconciled		
By: _____ Date: ____ / ____ / ____		
<b>Amount Refunded: \$</b> _____ . _____	Date of Transaction: ____ / ____ / ____	<b>Entered:</b> <input type="checkbox"/> Fee record
Receipt No.: _____	Refunded by: _____	<input type="checkbox"/> Hubworks
		<input type="checkbox"/> D/act CC acc
		By: _____ Date: ____ / ____