

SAMARITANS FIVE STAR FAMILY DAY CARE & IN HOME CHILD CARE

EXIT SURVEY - NOTICE OF TERMINATION OF CARE

Name: _____ Date: _____

Child/ren's name/s: _____

Educator's name: _____

I, _____ advise that my fee contract with _____

for my child/ren _____ will conclude on _____

Date notice given: _____

Parent sign: _____

Educator sign: _____

(Please note 2 weeks notice of termination must be given or fees will be charged.)

- What are the reasons for terminating your current care arrangements?

- Have you been happy with your Family Day Care experience?

- Is there anything we could have done to improve our service?

- Would you recommend Family Day Care to others? Y/N

Comments: _____

*Thank you for taking the time to complete this,
your responses help us in providing quality childcare.*

This form can be returned either to your Carer or posted to the office at:

Samaritans Family Day Care
PO Box 263
SINGLETON NSW 2330

or

Samaritans Family Day Care
PO Box 568
CESSNOCK NSW 2325

OFFICE USE ONLY

A/S - SDO Sighted:

DEEWR Enrolment Updated:

Harmony Updated:

File archived: