

Provider Report of Termination of Child Care Services for Children on Subsidy

Center/Provider Name	
Site Address	
Phone Number	
Fax Number	
E-Mail Address	
Print Name & Title of person completing the form:	
Signature of person completing the form:	
Date completed	

Please be advised that child care services have terminated for:

Child's Name (complete one form per child)	Parent/Applicant Name	NJCK Family ID or WFNJ Case Number	Date Child Last Attended

Reason for termination:

- The child never attended
- The child stopped attending program
- The provider is unable to continue services
- It was the parent's decision
- Non-utilization of ECC
- Other (please specify): _____

Please submit to Child Care Connection via mail or fax to 609-989-8060

Thank you!