

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	

Pleased 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, fax (609-503-8237), or e-mail (subsidy@ccc-nj.org). Please be sure that parent's name is spelled correctly and that this is a Mercer County case. Thank you!