

**TERMINATION OF DAY CARE SERVICES**

Name of the child \_\_\_\_\_

The child's personal identity code \_\_\_\_\_

The child's day care facility  
day care centre/family day care \_\_\_\_\_

The child's last day of receiving day care is \_\_\_/\_\_\_ 20\_\_\_

Turku, \_\_\_/\_\_\_ 20\_\_\_

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Signature and printed name

This form is submitted to the director of the child's day care centre or family day care services before the termination of the day care services.

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Completed by the day care centre director/family day care services:

Termination form received on \_\_\_/\_\_\_ 20\_\_\_

Recipient: \_\_\_\_\_