



CANCELLATION of REGISTRATION

Caregiver Name: _____ Date: _____

Facility Name: _____

Address: _____

Effective date: _____

Please remove the above facility from:

Child Care Pro Registry

Advised by: _____ Signature: _____

Reason for cancellation:

Low enrolment		Surrendered license		Summer Care Only	
Closed Facility		Involuntary loss of license		Other:	
Moving out of Province		Removal by CCRR			

Date: _____

Dear Care Provider:

This is to confirm that we have removed you from PacificCare's Registry, effective

_____.

Thank you for the opportunity to provide you with PacificCare's Services. If we can be of further assistance, please do not hesitate to contact us.

**Sincerely,
PacificCARE**

Margaret Sinclair
Administrative Coordinator

Note: Please return any toys or equipment to your consultant.

cc: CCP Web Ads Accounts MCFD