

Appendix 1  
Preschool Proposed Closure Working Party  
Proforma

## Preschool Proposed Closure Working Party

Preschool Proposed Closure Working Party form		
PRESCHOOL NAME		
NAME:		
PHONE:	FAX:	MOBILE:
EMAIL:		
TEACHER-IN-CHARGE CONTACT DETAILS		
NAME:		
PHONE:	FAX:	MOBILE:
EMAIL:		
PARENT ASSOCIATION PRESIDENT CONTACT DETAILS		
NAME:		
PHONE:	FAX:	MOBILE:
EMAIL:		
PARENT ASSOCIATION ASSETS CONTROL OFFICER CONTACT DETAILS		
NAME:		
PHONE:	FAX:	MOBILE:
EMAIL:		
CPS COUNCIL CONTACT DETAILS		
NAME:		
PHONE:	FAX:	MOBILE:
EMAIL:		
CPS CONTACT DETAILS		
NAME: Dianne Thornton		
PHONE: 6286 2527	FAX: 6286 2895	MOBILE:
EMAIL: canberrapreschools@bigpond.com		
DATE OF END OF CONSULTATION PROCESS.		
DATE OF CLOSURE		