

**NOTIFICATION OF CHANGES**

The completion of this form helps us respond to your needs for changes to bookings, extra child care, holiday advice and so on.

**ENROLLED CHILD/CHILDREN**

Child's Name(s):   
Family Name:   
Room/Group:   
Parent's Name:   
Phone: (h)  (w)  (m)   
Signature:  Date:

**HOLIDAY ADVICE**

I hereby give notice that the above child/children will be away from the Service for the period from  to  (inclusive) and understand that during this period I/We may be charged a fee in accordance with Service policy.

**OCCASIONAL / EMERGENCY CARE**

I request occasional / emergency care for the above child/children on   
Session: AM  PM  or times

**REQUEST TO CHANGE PERMANENT BOOKING**

Please specify your needs, e.g. "Extra full days any day", "Extra full days on Wed.", "Cancel Tue." etc.  
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From:  for:  weeks / or until:  or Ongoing (tick)

**ADVICE OF CANCELLING ALL BOOKINGS**

I request that the Child Care Bookings for the above Child/Children be cancelled.  
The last day of care at the Service will be   
I understand that 4 weeks notice must be given or payment will be required in lieu of notice.

**CHANGE OF DETAILS**

Address:  Phone:  Collection:  Other:   
Details:  
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**OFFICE USE ONLY**

Input to Booking System:  Director's Signature:  Date: