Margaret Ives Community Children's Centre Inc

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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.

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 2 weeks notice must be given or payment will be required in lieu of notice.

CHANGE OF DETAILS

Address: ☐ **Phone:** ☐ **Collection:** ☐ **Other:** ☐

Details:

OFFICE USE ONLY

Input to Booking System: ☐ **Director's Signature:** **Date:** __/__/____

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