

### 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 2 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:  Sighted by Director: