



REQUEST TO CHANGE PERMANENT BOOKING

Date of Notification:		(2 weeks' notice must be given)		Child's name:
Room:	BABY/TODDLER			PRE-KINDY

SESSION CHANGES

Current Booked sessions:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CHANGE TO: <i>Please circle</i>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Session start: <i>approx.</i>					
Session end: <i>approx.</i>					

Starting date:	/ /20
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Parent's name:			
Signature:		Date:	

Office Use

Sighted by Director/Admin:		Signed:	
<input type="checkbox"/> Sighted by Room <input type="checkbox"/> Entered into Spike <input type="checkbox"/> CCS enrolment status (confirmed)			

Every effort will be undertaken to accommodate changes providing there is availability on the days requested.

✂ **Office Use Only**

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Confirmation Receipt for Request to Change Permanent Booking

Parents Name: _____

Child's Name: _____

Current Booked sessions:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CHANGE TO: <i>Please circle</i>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

- Days requested are available from...../...../.....
- Days requested are currently not available, you will receive notification when they are.

Signed (Director/Admin).....Date.....