



REQUEST FOR OCCASIONAL/ EMERGENCY CARE

Date of Notification:				Child's name:	
Room:	BABY	PRE-KINDY	KINDY	<i>Please circle</i>	

Date/s OCCASIONAL Care Required	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Parent's name:			
Signature:		Date:	

Office Use

Sighted by Director (Name):		Signed:	
<input type="checkbox"/> Sighted by Room <input type="checkbox"/> Entered into Spike			

✂

Office Use Only

Confirmation of Request for Occasional or Emergency Care

Parents Name: _____

Child's Name: _____

Date/s OCCASIONAL Care Required	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY		
						available	Not available
						available	Not available
						available	Not available
						available	Not available
						available	Not available

- If days you have requested are currently not available, you will receive notification if and when they do become available

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