



CHANGE OF BOOKED TIMES FORM

Centre name: _____

Change One

Child's name: _____

Date changes are to take effect from: _____

	Usual times	Changed times
Mon	_____	_____
Tue	_____	_____
Wed	_____	_____
Thu	_____	_____
Fri	_____	_____

PLEASE TICK ONE:

Permanent change

One week only

From _____ Until _____

Change Two

Child's name: _____

Date changes are to take effect from: _____

	Usual times	Changed times
Mon	_____	_____
Tue	_____	_____
Wed	_____	_____
Thu	_____	_____
Fri	_____	_____

PLEASE TICK ONE:

Permanent change

One week only

From _____ Until _____

A TWO WEEK NOTICE PERIOD IS REQUIRED WHEN CHANGING BOOKED HOURS - 18 hours minimum, a \$10 admin fee will be charged for decreasing hours for three weeks or less.

I agree to these changes in booked times.

Parent Signature: _____ Date _____

We are able to accommodate this change of booked time within our current staff/child ratios.

Senior Staff Signature: _____ Date _____