

## Change of Care Requirements

Two weeks' notice is required to make changes to care requirements. Please fill in the details below and fax, email or drop this form back to the office.

- Please note changing days will only be granted if space is available.

Child's Name: \_\_\_\_\_

☐ **Changing Days (one off)**

- |  |                |   |   |   |   |
|--|----------------|---|---|---|---|
| <input type="radio"/> My child currently attends (circle)          | M              | T | W | T | F |
| <input type="radio"/> I wish to change my child's days to (circle) | M              | T | W | T | F |
| ▪ Starting   | ____/____/____ |   |   |   |   |
| ▪ Resuming normal days   | ____/____/____ |   |   |   |   |

☐ **Changing Days (permanent)**

- |  |                |   |   |   |   |
|--|----------------|---|---|---|---|
| <input type="radio"/> My child currently attends (circle)          | M              | T | W | T | F |
| <input type="radio"/> I wish to change my child's days to (circle) | M              | T | W | T | F |
| ▪ Starting   | ____/____/____ |   |   |   |   |

☐ **Holidays**

- |  |                |   |   |   |   |
|--|----------------|---|---|---|---|
| <input type="radio"/> My child currently attends (circle)  | M              | T | W | T | F |
| <input type="radio"/> I understand that I will need to pay for all absent days and am <b>GUARANTEED</b> that my child's place will be available when we return from holidays |                |   |   |   |   |
| <input type="radio"/> My child's last day of care will be  | ____/____/____ |   |   |   |   |
| <input type="radio"/> My child's first day back from holidays will be  | ____/____/____ |   |   |   |   |

☐ **Cancellation and return**

- |  |                |
|--|----------------|
| <input type="radio"/> I understand that I will not be charged for absent days but there is <b>NO GUARANTEE</b> that I will be able to recommence care on the same days or at all when I return |                |
| <input type="radio"/> My child's last day of care will be  | ____/____/____ |

☐ **Cancellation**

- |   |                |
|---|----------------|
| <input type="radio"/> Withdrawing my child completely and not returning |                |
| <input type="radio"/> My child's last day of care will be               | ____/____/____ |

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Date Received	
Date Entered into Hubworks!	
Entered by	