

MARGARET IVES CHILDREN'S CENTRE INC

NOTIFICATION OF CHANGES

The completion of the relevant section of this form helps us to respond to your needs for changes to bookings, extra childcare, holiday advice, etc. TWO WEEKS NOTICE is required for cancellations.

ENROLLED CHILD / CHILDREN:			
Child Name(s):			
Family Name:			
Room:			
Parent's Name:			
Phone No's:	1:	Home Work Mobile	2: Home Work Mobile
Signature:			Date: _____/_____/_____

1. HOLIDAY ADVICE

I hereby give notice that the above child / children will be away from the Centre for the period:

_____/_____/_____ to ____/____/____ (inclusive).

2. REQUEST FOR OCCASIONAL / EMERGENCY CARE

I request occasional / emergency care for the above child / children on the following:

Date: ____/____/_____ Session: AM PM **OR** Times: _____

3. REQUEST TO CHANGE PERMANENT BOOKING

Please request your needs, eg "extra full days any day", "extra full days on Wed", "cancel Tues", etc:

Details:

Ongoing **OR** Starting: ____/____/_____ for: Weeks **OR** Until: ____/____/_____

4. ADVICE OF CANCELLATION OF ALL BOOKINGS

I request that the Childcare Booking for the above child / children be cancelled.

The last day of care at the Centre will be: Date: ____/____/_____

I understand that two (2) weeks notice must be given or payment will be required in lieu of notice.

5. CHANGE OF DETAILS

Address Phone Collection Other

Details:

OFFICE USE ONLY:

Sighted by Director Input to Booking System