

Two Wells Community Childrens Centre
NOTIFICATION OF CHANGES

27A Gawler Road, TWO WELLS SA 5501,
AU
Ph: 8520 2358
Fax: 8520 2387
michelle.dimasi946@schools.sa.edu.au

The completion of this form helps us respond to your needs for changes to bookings, extra child care, holiday advice and so on.

ENROLLED CHILD/CHILDREN

Child's Name(s):
Family Name:
Room/Group:
Parent's Name:
Phone: (h) (w) (m)
Signature: Date:

HOLIDAY ADVICE

I hereby give notice that the above child/children will be away from the Service for the period from to (inclusive) and understand that during this period I/We may be charged a fee in accordance with Service policy.

OCCASIONAL / EMERGENCY CARE

I request occasional / emergency care for the above child/children on
Session: AM ☐ PM ☐ or times

REQUEST TO CHANGE PERMANENT BOOKING

Please specify your needs, e.g. "Extra full days any day", "Extra full days on Wed.", "Cancel Tue." etc.

.....
.....
.....
.....

From: for: weeks / or until: or Ongoing (tick) ☐

ADVICE OF CANCELLING ALL BOOKINGS

I request that the Child Care Bookings for the above Child/Children be cancelled.

The last day of care at the Service will be

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

CHANGE OF DETAILS

Address: ☐ Phone: ☐ Collection: ☐ Other: ☐

Details:

.....
.....
.....
.....

OFFICE USE ONLY

Input to Booking System: ☐ Director's Signature: Date: