**Notice of Change to Bookings**

This form must be completed to give notice of changes to your child's booking at the Centre. 14 DAYS NOTICE is required for all changes to bookings. Fees are still payable if the required notice is not given.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child:** |  | | |
| **Room:** | □ Rainbow Room □ Garden Room □ Star Room □ Mobile Service □ Before/After school Care | | |
| **Name of Parent:** |  | | |
| **Parent's Signature:** |  | **Date:** | / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NOTICE OF ABSENCE:** | | | | |
| □ I hereby give notice that my child will be absent from the Centre on the following dates: | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| / / | / / | / / | / / | / / |
| / / | / / | / / | / / | / / |

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| --- | --- | --- | --- | --- |
| **REQUEST FOR CASUAL BOOKING:** | | | | |
| □ I hereby request for my child to attend the Centre on a casual basis on the following date/s: | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| / / | / / | / / | / / | / / |
| / / | / / | / / | / / | / / |
| / / | / / | / / | / / | / / |
| / / | / / | / / | / / | / / |
| □ I understand that if I cancel a casual booking, payment will be required in lieu of notice. | | | | |
| □ I understand that if my child attends on the same day 4 weeks in a row, the booking will become permanent. | | | | |

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| **PERMANENT BOOKING:** | | | | |
| □ I hereby request for my child to attend the Centre on a permanent basis on the following days: | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| □ Full Day  □ Morning  □ Afternoon  □ Preschool | □ Full Day  □ Morning  □ Afternoon  □ Preschool | □ Full Day  □ Morning  □ Afternoon  □ Preschool | □ Full Day  □ Morning  □ Afternoon  □ Preschool | □ Full Day  □ Morning  □ Afternoon  □ Preschool |
| This request will replace my child's existing booking effective from: / / | | | | |
| □ I hereby give notice of the cancellation of my child's attendance at the Centre. Last day of attendance: / / | | | | |
| □ I understand that 14 days notice must be given or payment will be required in lieu of notice. | | | | |

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| **REQUEST FOR OUT OF SCHOOL HOURS CARE:** | | | | |
| □ I hereby request for my child to attend the Centre before and/or after school from: / / **(excludes school holidays)** | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| □ Before School  □ After School | □ Before School  □ After School | □ Before School  □ After School | □ Before School  □ After School | □ Before School  □ After School |

|  |  |  |  |  |  |  |
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| **OFFICE USE ONLY:** | | | | | | |
| □ Received on / / at am / pm | | | |  | | |
| □ Approved by | | □ Copy provided to parent | □ Entered onto booking system | | | |
| **Signature of member of staff taking the notice:** |  | | | | **Date:** | / / |

**Return this form to the office, fax to 02 6343 1304 or email to mail@grenfellpreschool.com.au.**