

Change of attendance form

Child/ren's name: _____ D.O.B: _____

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School Child attends: _____

Name of Childcare Centre: _____

Days which my child currently attends: (please circle)

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	Monday	Tuesday	Wednesday	Thursday	Friday

I understand that I am required to give two weeks written notice of change in attendance.

I understand that my request to increase days may not be possible straight away due to attendance numbers.

I understand that my child will be put on a waiting list for the below days if not immediately available.

New days of attendance: (please circle)

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
Childcare	Monday	Tuesday	Wednesday	Thursday	Friday

Date of change to start if greater than the two week period: _____

Further comments/ requests: _____

Date: _____

Parent/ Guardian name: _____

Parent signature: _____