

GREY WARD CHILDREN'S CENTRE

NOTIFICATION OF CHANGES

253 Wright Street, Adelaide SA 5000, AU
Ph: (08) 8231 9195 or www.greywardcc.sa.edu.au

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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.

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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:

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OFFICE USE ONLY

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