

OUTSIDE SCHOOL HOURS CARE ALTERATION OF BOOKING

Service name: _____

This form is being completed to:

CANCEL
a booking

CHANGE
a booking

REACTIVATE
a previous booking

	Child One	Child Two	Child Three
Child's Full Name:			
Child's Date of Birth:			
Current Room			
Current Educational Leader			

Before School Care

Complete the second week only if it is different to the first

M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>
T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>
W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>
T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>
F <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>
M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>
T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>
W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>
T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>
F <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>
<input type="checkbox"/> Casual booking	<input type="checkbox"/> Casual booking	<input type="checkbox"/> Casual booking
<input type="checkbox"/> Permanent booking	<input type="checkbox"/> Permanent booking	<input type="checkbox"/> Permanent booking
Start Date:	Start Date:	Start Date:
Finish Date:	Finish Date:	Finish Date:

After School Care

Complete the second week only if it is different to the first

M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>
T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>
W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>
T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>
F <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>
M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>
T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>
W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>
T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>
F <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>
<input type="checkbox"/> Casual booking	<input type="checkbox"/> Casual booking	<input type="checkbox"/> Casual booking
<input type="checkbox"/> Permanent booking	<input type="checkbox"/> Permanent booking	<input type="checkbox"/> Permanent booking
Start Date:	Start Date:	Start Date:
Finish Date:	Finish Date:	Finish Date:

Vacation Care

Refer to the current vacation care booking sheet.

DECLARATION:

I have read, understood, and agree to abide by the conditions of services **bookings, absences and cancellations** procedure.

I certify that the information contained in this BOOKING ALTERATION form is correct and agree to notify the person in charge of the Service of any change to any information contained therein.

Name of Parent/Guardian (a):
PLEASE PRINT

Signature:

Date: / /

Name of Parent/Guardian (b):
PLEASE PRINT

Signature:

Date: / /

Name of Nominated Supervisor
Authorised Manager:
PLEASE PRINT

Signature:

Date: / /