

**CHILD CARE AND EDUCATION CENTRES
REQUEST TO ALTER BOOKING AGREEMENT**

Please complete separate forms for each child

CENTRE: _____ ROOM: _____

FAMILY INFORMATION

	Surname	First Name	DOB
Parent			
Child 1			

Address:

Contact number: Email

CURRENT BOOKING	Long Day Care	Part Time Care (list hours)	PROPOSED BOOKING	Long Day Care	Part Time Care (list hours)
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		

Anticipated date of booking: ____/____/____ Final date of attendance at the Centre (if applicable): ____/____/____

I/we agree to pay by the due date, all fees and charges for which an account has been rendered. I/we understand that Communities@Work will use a debt recovery agency for outstanding accounts.

I/we understand, that Child Care Benefit cannot be applied to my fees if my child is absent on his/her first and last day(s) and that full fees will be charged.

Parent / Guardian Signature _____ Date _____

Office use only:

Manager's signature _____ Approved: Yes / No Date ____/____/____

Client Service signature _____ Date ____/____/____

Comments/Follow up: