

**SCHOOL AGE CARE
BOOKING ALTERATIONS FORM**

PROGRAM ATTENDING _____

FAMILY INFORMATION	SURNAME	GIVEN NAME
PARENT		
CHILD 1 (Male / Female)		
CHILD 2 (Male / Female)		
CHILD 3 (Male / Female)		

CURRENT BOOKING:

Casual Booking Before School Care **Casual Booking After School Care** (Please tick)

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

Commencement date of the proposed changes: _____ Inclusive.

Final day of attendance at the program (if applicable) _____

PROPOSED BOOKING:

Casual Booking Before School Care **Casual Booking After School Care** (Please tick)

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

Please note that: Payment is required for all days unless **one week's notice** is given to the Client Service Centre.

Parent / Guardian Signature _____ Date _____