

Torrens Valley Children's Centre
NOTIFICATION OF CHANGES

PO Box 445 Gumeracha SA
5233
83891335

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.

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:

OFFICE USE ONLY

Input to Booking System: Sighted by Director: