

Children's Services

CHANGE OF DAYS APPLICATION / HOLIDAYS / TERMINATION OF CARE

I, (parent name) _____ wish to apply for the following changes to care for my

Child/ren (child/ren's names) _____

Who attend (please tick) Before School Care After School Care Vacation Care

1. CHANGE OF DAYS / ATTENDANCE

Please change my child/ren's attendance to: (please circle all the days your child/ren will attend care)

Before School Care:	Mon.	Tues.	Wed.	Thurs.	Fri.
After School Care:	Mon.	Tues.	Wed.	Thurs.	Fri.

Commencement date: _____ (day of the week & date you would like the changes to take effect)

Parent /Guardian's Signature: _____ Date: _____

Important note: Change of days is not automatically accepted. Please wait until you are notified from the Child Care Team before commencing new days of care.

2. HOLIDAYS

My (child/ren's names) _____ will NOT be attending care from

First day of absence: _____ Last day of absence: _____

Parent /Guardian's Signature: _____ Date: _____

3. TERMINATION OF CARE:

Please terminate: **BEFORE SCHOOL CARE / AFTER SCHOOL CARE** (Please circle the service(s) you are cancelling)

Effective date: _____ (day of the week & date)

Parent /Guardian's Signature: _____ Date: _____

4. OTHER ABSENCES:

Sick Work related Pupil Free Day

From Date: _____ to Date: _____

If sick, Doctors certificate attached: Yes No

Parent /Guardian's Signature: _____ Date: _____

OFFICE USE ONLY:

Co-ordinator:

Date: _____

CSM:

Date: _____

Bookkeeper:

Date: _____