

# GREY WARD CHILDREN'S CENTRE

## NOTIFICATION OF CHANGES

253 Wright Street, Adelaide SA 5000, AU

Ph: (08) 8231 9195

Fax: (08) 8231 6285

lisa.hall277@schools.sa.edu.au

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: ☐ Director's Signature:  Date: