



Change to Bookings – Permanent Care

This form must be emailed/handed to the Co-Ordinator of the service utilised prior to the change occurring. Please note that one form per child must be filled in.

Family’s Details:

Parent/Guardian Names: _____

Child’s Name: _____

Email Address(es): _____

Contact Phone Number(s): _____

Postal Address: _____

This request relates to the following service:

Mountain View Ocean View BBOSHC IOSHC
 KOSHC NTOSHC SAOSHC

Change of Booking Details:

The below bookings accurately reflect the changes I wish to make to our weekly schedule:

I wish to add the below bookings
 I wish to cancel the below bookings

Monday: AM / BSC PM / ASC Day
 Tuesday: AM / BSC PM / ASC Day
 Wednesday: AM / BSC PM / ASC Day
 Thursday: AM / BSC PM / ASC Day
 Friday: AM / BSC PM / ASC Day

Additional Comments: _____

Date of Request: _____ **Effective Date:** _____

Confirmation:

I also acknowledge that the above is dependent on availability and I will be contacted by the Administration Department once this form has been received with confirmation and instructions on accepting a new Complying Written Arrangement (CWA) if applicable.

Signature of Parent/Guardian: _____ Date: _____

Signature of Co-Ordinator/Director: _____ Date: _____

Signature of Administration: _____ Date: _____