



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 ☐

ELCOSHC ☐

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: _____