



BOOKING AMENDMENT FORM **2019**

*All changes or cancellations must be provided in writing.
Please use this form to amend/cancel any part of your current booking.*

Child's Name: _____

Class: _____

Notification of (please tick):

Change to current booking ☐

Details:

Cancellation of booking

(Reminder: Two week's notice is required)

The child **must** attend on the last day of care to receive Child Care Subsidy.

The reason for this cancellation is:

Last day of attendance:

Parent Signature: _____

☐

Date: _____

Contact Details (if cancelling)

Forwarding Address: _____

Email: _____

Phone Number: _____