



EASTWOOD BEFORE & AFTER SCHOOL CARE CENTRE INC.

# Change of Booking Form

**Please complete all the details to change or create a new attendance booking, please note all changes require 2 weeks' notice as per the direct debit cycle**

Child's full name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Parents email and contact number: \_\_\_\_\_

Starting week: \_\_\_\_\_ Child's Year: \_\_\_\_\_

**NOTE: To change/cancel days please submit form 2 weeks prior to the cancellation or change**

**Please indicate the days your child currently attends or will be attending the Centre by circling the session(s):**

CURRENT BOOKED DAYS				
Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

**Please indicate the days you would like to add or cancel by circling the session(s):**

ADD DAYS				
Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

CANCEL DAYS:				
Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

**Please note once cancelled you will have to place your child back on the waitlist for future enrolments.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff notes: \_\_\_\_\_