Change of Booked Hours

Date: ____ /____ /_____

I, _____ (Parent/Guardian) wish to change the booked

hours for _____ (Child's name).

Their current booked hours are:

Monday	Tuesday	Wednesday	Thursday	Friday

Requested change of hours:

Monday	Tuesday	Wednesday	Thursday	Friday

The new hours are effective from _____

The change is: ☐ ongoing OR until _____

I am aware that I must provide **two weeks notice** for any permanent changes to my child's booking.

Parent/caregiver signature: _____

Management approves of changes: yes / no

Signed: _____ Entered in Discover: ____ /____ /_____