

Notice of Intent to Change Days

COM.012 Amended 2/7/18

*I am aware in order to Change my permanent booked days, I must provide the Service with
2 weeks written notice.*

Date: _____ **Family Name:** _____

To the staff of Bay Island Early Learning and Care,
I wish to advise you, that I would like to change my permanent booked days for my child/ren:
Name/S: _____ As of, Date: _____

Their Current days are: (please indicate Day and hours requested e.g. Mon Core or Wed 7:45 – 4:45)

| | | | | | | | | | | |
|--------|-----|--|-----|--|-----|--|------|--|-----|--|
| Week 1 | MON | | TUE | | WED | | THUR | | FRI | |
| Week 2 | MON | | TUE | | WED | | THUR | | FRI | |

Requested new days are: (please indicate Day and hours requested e.g. Mon Core or Wed 7:45 – 4:45)

| | | | | | | | | | | |
|--------|-----|--|-----|--|-----|--|------|--|-----|--|
| Week 1 | MON | | TUE | | WED | | THUR | | FRI | |
| Week 2 | MON | | TUE | | WED | | THUR | | FRI | |

Parents Name: _____ Signed: _____

| | | | | |
|------------------------|--|-------------------------|------------------|----------|
| <i>Office Use only</i> | Bus Roll/Register Amended: | | | |
| | Payment Method: | D-Dep/CPay/Eftpos/Other | | |
| | Amended Quote: | \$ | Provided: Yes/No | Initial: |
| | CPay adjusted by: | (Initial) | Date: | |
| | Roster Impact Checked or Start Delayed to Next Roster: | | | Initial: |

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