

**Medowie Before and After School Care
 Change of Booking Form
 (Effective seven (7) days from date of receipt)**

Parent's Name: _____

Child's Name: _____

Date change is to commence: ___/___/___

Care is now required for the following sessions:

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
AM					
PM					

Or

Care is no longer required *(Please tick box)*

What is the child's last day of care? ___/___/___

(Please complete our 'Exit Survey' if care is no longer required)

Signature: _____

Date: ___/___/___

(Office Use Only)

FAXED	ENTERED	EXIT SURVEY COMPLETED	
		Yes	No

Confirmation and Fee notification posted: ___/___/___

New Fee: \$ _____