## GRAYS POINT ACTIVITY CENTRE



## REQUEST TO CHANGE A PERMANENT BOOKING PATTERN

## Please complete a separate form per child

			Date applied://
Child name:			
Current booking pattern			
- Before School Care			
Mon / Tues / Weds / Thurs / Fri	(please circle)		
- After School Care			
Mon / Tues / Weds / Thurs / Fri	(please circle)		
New booking pattern start date:	/	. (pls circle all sessions you requ	uire care)
- Before School Care			
Mon / Tues / Weds / Thurs / Fri	(please circle)		
- After School Care			
Mon / Tues / Weds / Thurs / Fri	(please circle)		
Flexibility comments:			
*This is a request only and is pe	ending availability. G	PAC will contact you to confirm t	the changes.
*If you are cancelling a booking permanently cancel a day, sever continue be charged for the day, those 3 weeks. Your child must documentation can be presente	ral days or an entire /s cancelled at full-fo be in attendance du	booking pattern. If less than 3 vee. This means any Child Care S	weeks' notice is given, you will Subsidy claimed will not apply for
Name:			
Signature:			
Office Use Only Date received:	Received by:	Date entered QK:	Entered by: