Change of Attendance Form

Child/ren's name:					
D.O.B:					
Child/ren's name:					
D.O.B:					
Child/ren's name:					
D.O.B:					
School Child attends:					
Name of Childcare Centre:					
Days which my child curren					
Before School Care			Wednesday	Thursday	Friday
After School Care	•	Tuesday	•	•	
Childcare	J	Tuesday		~	•
I understand that my requent numbers. I understand that my child when the control of the control	vill be put on a				
Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	3.6 1	Tuesday		•	
Childcare	Monday		Wednesday		
Date of change to start if gr	eater than the	two week pe	riod:		
Further comments/ request	s:				
Date:					
Parent/ Guardian name:					
Parent signature:					