



I confirm I would like to change my child's attendance

Childs name _____

Educarer _____

New Hours:

Days Enrolled	Mon	Tue	Wed	Thurs	Fri	Sat
Start Time						
Finish Time						

These changes are effective from: ____ / ____ / ____

Parent signature:

_____ Date: ____ / ____ / ____

Coordinator signature:

_____ Date: ____ / ____ / ____