



Creating a Community of Families

**BAYSIDE FAMILY DAY CARE**

MANLY PAVILION · 4/457 THE ESPLANADE · MANLY 4179 QUEENSLAND

TEL 7 3393 4444 FAX 7 3396 9890 E-MAIL [manager@baysidefamilydaycare.com](mailto:manager@baysidefamilydaycare.com)

**Request for Extra Hours**

**By PARENT(s)/GUARDIAN**

FULL NAME(S) OF CHILD (REN) \_\_\_\_\_ DATE \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

MONTH: \_\_\_\_\_ WEEK 1: START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

WEEK 2: START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

Week 1	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Arrive							
Depart							
Week 2							
Arrive							
Depart							

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

TEL (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

FAX \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## CARER

The booking complies with the number of children allowed under the **Child Care Act 2002** and **Child Care Regulation 2003**.

Carer Name.....

SIGNATURE OF CARER.....DATE.....