



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

REQUEST FOR PERMANENT CHANGE OF HOURS

By PARENT(s)/GUARDIAN

IF YOU WISH TO REDUCE YOUR HOURS YOU MUST GIVE BOTH YOUR CARER AND THE OFFICE AT LEAST ONE WEEK OF NOTICE.

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	Mon	Tues	Wed	Thur	Fri	Sat	Sun
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**.....