



Change of Days Booking Form

Child's Full Name	Date of Birth
1.	
2.	
3.	
4.	

CURRENT scheduled Day/s Child/ren attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

NEW scheduled Day/s Child/ren to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

or tick box to **CANCEL** all sessions (NB should you wish to attend in future you will be placed on the waiting list)

I understand in the event of cancellation of days I **MUST** provide two (2) weeks' written notice as per the MPOOSH fee policy and as stated in the parent handbook, or I will be required to pay two (2) weeks' fees to the service. **Signed** _____

Parent/Guardian Full Name	
Signature	
Date	

Office Use Only

Date received:	
Date changes commence:	
Updated Qikkids? Y/N	
Staff Name/Signature	