



CHANGE OF DAYS FORM

Child's name	
Date Received	
Effective from	

Your children's current days (please tick)					
Casual					
Permanent					
	MON	TUES	WED	THURS	FRI
BSC					
ASC					

Days you require (please tick)					
Casual					
Permanent					
	MON	TUES	WED	THURS	FRI
BSC					
ASC					

Parent signature	
Coordinator/Assistant Coordinator signature	

OFFICE ONLY	
Date Entered	
Print Name	
Signature	