

CHANGE OF DETAILS FORM

Please complete any relevant changes.

Date ____ / ____ / ____

Childs Name _____

Change of Address & Phone

Number/s

Address

Street _____

Suburb _____

Postcode _____

Phone Number/s

Name _____

Home _____

Mobile _____

Work _____

Email _____

Add/Remove Emergency Contact

Name _____

Relationship to Child _____

Address

Street _____

Suburb _____

Postcode _____

Phone Number/s

Home _____

Mobile _____

Work _____

Emergency Release Yes No

Daily Pickup Yes No

Request for Change of Day/s

Current Days enrolled: Mon Tues Wed Thur Fri

Desired Change: Mon Tues Wed Thur Fri



Cuddlepie
Early Childhood
Learning Centre

Request for Dropping Day/s

Mon Tues Wed Thur Fri

Last Day ____ / ____ / ____

Reason _____

Request for Extra Day/s

Mon Tues Wed Thur Fri

Required Date ____ / ____ / ____

Final Notice

Two weeks notice must be given

My child's last day will be _____

Reason _____

Absence Day/s

From _____ To _____

From _____ To _____

Change to Total Number of

Children in Care

Total Number of Children in Care _____

From _____ To _____

From _____ To _____

Signature

X _____

Change of days and request for extra days is subject to availability and will be informed as they become available.