Change of booked hours

Date: / /				
I,		(Parent/Guardi	ian) wish to chang	ge the booked
hours for			_(Child's name)	
Their current boo	ked hours are:			
Monday	Tuesday	Wednesday	Thursday	Friday
Requested chang	e of hours:			
Monday	Tuesday	Wednesday	Thursday	Friday
The new hours are	e effective from _			
The change is:				
I am aware that I i child's booking.	must provide two	weeks notice for	any permanent c	hanges to my
Parent/caregiver	signature:			
Management app	roves of changes:	: yes / no		
Signed:/ Entered in Discover://				

