



Marton Activity Centre Inc.

A.B.N. 40771950066



NOTIFICATION OF CHANGE TO CARE

NOTIFICATION DATE _____

CHILD NAME/S _____

PARENT NAME _____

- PLEASE CIRCLE
- CHANGE TO PERMANENT PATTERN OF CARE
 - CHANGE TO CASUAL
 - CHANGE TO ROSTER (Please complete roster form)
 - CANCEL ALL CARE

START DATE FOR CHANGE _____

PERMANENT SESSIONS REQUIRED (include all days not just extras)

Morning	Monday	Tuesday	Wednesday	Thursday	Friday
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Afternoon	Monday	Tuesday	Wednesday	Thursday	Friday
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****please note: change of care will be effective two weeks from notification date**

FEE OR GENERAL ENQUIRY

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PARENT SIGNATURE _____

DATE _____

STAFF SIGNATURE _____

DATE _____