

CHANGE OF CARE

Name of child/ren: _____

Current Days: (tick current days)

Monday	Tuesday	Wednesday	Thursday	Friday
BSC <input type="checkbox"/>	BSC <input type="checkbox"/>	BSC <input type="checkbox"/>	BSC <input type="checkbox"/>	BSC <input type="checkbox"/>
ASC <input type="checkbox"/>	ASC <input type="checkbox"/>	ASC <input type="checkbox"/>	ASC <input type="checkbox"/>	ASC <input type="checkbox"/>

Proposed Days: (tick required days)

Monday	Tuesday	Wednesday	Thursday	Friday
BSC <input type="checkbox"/>	BSC <input type="checkbox"/>	BSC <input type="checkbox"/>	BSC <input type="checkbox"/>	BSC <input type="checkbox"/>
ASC <input type="checkbox"/>	ASC <input type="checkbox"/>	ASC <input type="checkbox"/>	ASC <input type="checkbox"/>	ASC <input type="checkbox"/>

Date for changes to commence: _____

Parent/Guardian completing form:

Signature: _____	Date: _____
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Staff Use Only:

<input type="checkbox"/> Details updated in Qikkids	By: _____	Date: _____
<input type="checkbox"/> Stapled to enrolment form	By: _____	Date: _____

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