**Changes to Contract Hours**

**Only complete if there are changes in booked hours**

Date of Change: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Parents/Guardian Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educator’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Start |  |  |  |  |  |  |  |
| Finish |  |  |  |  |  |  |  |
| Start |  |  |  |  |  |  |  |
| Finish |  |  |  |  |  |  |  |

**Changes in Casual Care Hours**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Start |  |  |  |  |  |  |  |
| Finish |  |  |  |  |  |  |  |
| Start |  |  |  |  |  |  |  |
| Finish |  |  |  |  |  |  |  |

**Changes in School Holiday Hours**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Start |  |  |  |  |  |  |  |
| Finish |  |  |  |  |  |  |  |

**Changes of School please complete the following:**

|  |
| --- |
| **School Name:** |
| **School Address:** |
| **Type of transport Educator uses:** please circle **WALK CAR PUBLIC TRANSPORT** |

**Parents/Guardians Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

If child is under school age he/she must need Immunisation History Statement attached and given with this form. **Childs Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_