



ADDITIONAL BOOKING REQUEST

I request that my child _____

Have the following days added to their booking:

(Circle requested days and add date requested)

Long Day Care

Mon

Tues

Wed

Thurs

Fri

Long Day Care in addition to current Funded Kindergarten booking

Mon

Tues

Wed

Thurs

Fri

Name of Parent/Guardian: Date:

Signature:

Note: *Request can only be considered subject to availability.*

To:

Your Change of Booking Request for your child has been approved and processed:

Yes No

Signature: Date:
(ECC Little Gems Representative)