



**BENOWA HILLS
EARLY LEARNING**
Children's Centre of Excellence

BOOKING AMENDMENT FORM

*All changes or cancellations must be provided in writing.
Please use this form to amend/cancel any part of your current booking.*

Child's Name: _____

Class/Room: _____

Notification of (please tick):

Change to current booking

Cancellation of booking
(Reminder: Two week's notice is required)

Details:

The reason for this cancellation is:

Change from week beginning:

Last day of attendance:

Parent Signature: _____ Date: _____

Contact Details (if cancelling)

Forwarding Address: _____

Email: _____

Phone Number: _____