

Change of Days Form
Privacy Statement

The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

Name of service _____ Date of notice _____

Child's name _____ Date of birth _____

We wish to:

☐ Increase days of attendance
 ☐ Increase hours
 ☐ Change days of attendance

Please note if positions are not available, you will be placed on our waiting list and contacted when positions do become available.

☐ Decrease days of attendance
 ☐ Decrease hours

Please note that two weeks' notice must be given to reduce care hours/days.

Date new attendance to begin _____

New attendance requirements:

Long Day Care				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Full Day (7.00am – 6.00pm)	<input type="checkbox"/> Full Day (7.00am – 6.00pm)	<input type="checkbox"/> Full Day (7.00am – 6.00pm)	<input type="checkbox"/> Full Day (7.00am – 6.00pm)	<input type="checkbox"/> Full Day (7.00am – 6.00pm)
<input type="checkbox"/> Reduced hours (8.00am– 5.00pm)	<input type="checkbox"/> Reduced hours (8.00am– 5.00pm)	<input type="checkbox"/> Reduced hours (8.00am– 5.00pm)	<input type="checkbox"/> Reduced hours (8.00am– 5.00pm)	<input type="checkbox"/> Reduced hours (8.00am– 5.00pm)

Outside School Hours Care				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> AM (6.30am - 9.00am)	<input type="checkbox"/> AM (6.30am - 9.00am)	<input type="checkbox"/> AM (6.30am - 9.00am)	<input type="checkbox"/> AM (6.30am - 9.00am)	<input type="checkbox"/> AM (6.30am - 9.00am)
<input type="checkbox"/> PM (2.30pm - 6.30pm)	<input type="checkbox"/> PM (2.30pm - 6.30pm)	<input type="checkbox"/> PM (2.30pm - 6.30pm)	<input type="checkbox"/> PM (2.30pm - 6.30pm)	<input type="checkbox"/> PM (2.30pm - 6.30pm)

Sessions of care will be charged in accordance with Council's current fee schedule.

I understand I will be contacted by email to advise of my new weekly fee.

Parent name _____ Contact number _____

Parent signature _____ Date _____

Staff signature _____ Date _____

Any comments you wish to make about the service:

Office Use Only

Date received:

Admin:

Service contacted ☐

Direct debit/Centrepay updated ☐