

**The Gate Planet Action
ALTERATION FORM**

| | | | | |
|--------------------------------------------|----------------------------------|------------------------------------|----------------------------------|--|
| What centre does your child attend? | | | | |
| <input type="checkbox"/> Cosgrove | <input type="checkbox"/> Opaheke | <input type="checkbox"/> St Mary's | <input type="checkbox"/> AM Care | |
| Your child's school: _____ | | | | |

CHILD 1

Child's First name _____ Child's last name _____

CHILD 1

Child's First name _____ Child's last name _____

CHILD 1

Child's First name _____ Child's last name _____

NEW ATTENDANCE:

| | Mon | Tue | Wed | Thu | Fri |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before School 7-9am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After School Early Session | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After School Late Session | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Casual | <input type="checkbox"/> | | | | |

Does your child/ren need to be picked up and take to one of our centres? Y / N

Name: _____ **Phone:** _____ **Sign:** _____

Effective as of: ___/___/___ **Date:** ___/___/___

OSCAR Manager: _____ **Sign:** _____

Office Use ONLY!

| <i>Child's name</i> | <i>Hours of care (PW)</i> | <i>Client Number</i> | <i>Date of reduction in hours</i> | <i>Your Hourly fee (before subsidy)</i> | <i>Total weekly fee (before subsidy)</i> |
|---------------------|-------------------------------|--------------------------|-------------------------------------------|---------------------------------------------|----------------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

| ROLL | CNTR | PC | DRV | MYOB |
|-------------|-------------|-----------|------------|-------------|
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