



SOOSH
 WAVERLEY STREET, SCONE NSW 2337



VACATION CARE CHANGE OF BOOKING FORM

Family Name: _____

Only list child/ren that are changing days of Vacation Care:

1. _____ 2. _____
 3. _____ 4. _____

Cancellations to bookings should be made in the week prior to the Vacation Care period.
 Families will incur fees for cancellations made after this.

Please tick Vacation Period:

- MARCH / APRIL JUNE / JULY SEPTEMBER / OCTOBER

I wish to change the days my child/ren attend Vacation Care:

WEEK 1

ORIGINAL	PLEASE ✓ CHILDREN			
	1	2	3	4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

CHANGE TO	PLEASE ✓ CHILDREN			
	1	2	3	4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

WEEK 2

ORIGINAL	PLEASE ✓ CHILDREN			
	1	2	3	4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

CHANGE TO	PLEASE ✓ CHILDREN			
	1	2	3	4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

 Signature

 Date

PRIVACY STATEMENT

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The intended recipients of the personal information are officers within Council; data service providers engaged by the Council from time to time; and any other agent of the Council.

The supply of the information is voluntary. If you cannot provide or do not wish to provide the information sought, Council may be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppresses your personal information from a public register. Council will consider any such application in accordance with the Act. Council is the agency that holds the information.

Enquiries concerning this matter can be addressed to the Public/Privacy Officer.