



Notice for the Centre

SWAPPING DAYS

Dear Office Staff,

My Child, from room

Would like to swap from the following day/s to
Of care.

This will take effect from week beginning, therefore my child will
be attending on the following days

I understand that this will be a permanent swap and is now part of my CWA and will remain so until I advise
otherwise with appropriate forms and required two weeks' notice.

.....
Signature

.....
Date

.....
Print Name

Office Use Only

Date Entered:

Initial: