

Notice of change to hours attended

Date: _____

Childs Name: _____

DOB: _____

Parent Name: _____

Contact telephone number: _____

Address: _____

Current hours (please state days and times): _____

Future hours (please state days and times): _____

Date that these hours will take effect: _____

(please see GEP Fee policy for information on notice periods)

Other setting(s) or child minders attended & county: _____

Number of weeks notice given to other setting (if applicable): _____

Signed: _____
