

Notification of change to hours attended / notification of leaving date

Date from completed					
Child's name					
DOB					
Person completing form					
Contact telephone number					
Address					
Current hours (please state start and finish time for each session)					
Monday			Tuesday		
Wednesday			Friday		
Requested hours (please state start and finish time for each session)					
Monday			Tuesday		
Wednesday			Friday		
Date the change will take place or date child will leave setting					
(please see GEP Fee policy for information on notice periods)					
Other provider(s) attended (please provide address including county)					
Number of weeks notice given to other provider (if applicable)					
Signed					