**Cappoquin Childcare, Mill Street, Cappoquin, Co Waterford**

 **Advance Notice of Change of Times 2022/23 – Form D**

**Email: cappcomdev@gmail.com Phone: (058)52746**

**Child’s Name: (Block Capitals)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Commencement Date of Changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Day/Times:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Office use only****Current Fee** |
|  |  |  |  |  |  |

**New Days/Times:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Office use only****New Fee** |
|  |  |  |  |  |  |

**I wish to apply for a change in my child’s times as outlined above.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note that if you require additional times, the times you require may not be immediately available. In such a situation you will be placed on a waiting list.**

**If you are reducing times, these times may be allocated to another child and may not be available to you in the future.**

**Also if you are reducing times you will be charged at your current rate for 4 weeks from date this form is received in the Childcare. If increasing times your new rate will apply from start date.**