



Armidale & District Family Day Care Ltd

95 Faulkner St (P.O. Box 951)

Armidale NSW 2350

Ph: 02 6772 5300

Email: admin@afdc.org.au

Variation of Care form

Parent name: _____

Child's name: _____

Educator's name: _____

Reason for Variation (please tick)

- New contract for booked hours of care
- Cessation of care
- Family holiday
- Educator holiday/service closed for an extended period i.e. Christmas
- 24 hour care/ extended care/ weekend care*

*Payment is required if this care is cancelled with less than 24 hours notice

Child's name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Date effective: _____

Cessation of care (14 days notice required)

Date effective: _____

Family holiday

Date effective: _____ to _____

Educator holiday/service closed for an extended period

Date effective: _____ to _____

Parent signature: _____ Date: _____

Educator signature: _____ Date: _____