



Change of Days

Child's Name: _____ **Room:** _____ **Date:** _____

Current Days of Attendance: _____

Preferred Days of Enrolment: (Please circle)

Monday

Tuesday

Wednesday

Thursday

Friday

Date Required By (Please note two weeks notice has to be given if dropping days):

Signature: _____ **Printed Name:** _____

Office Response Form

Child's name: _____

- Your request for change of days has been granted.
Your new days will now be _____ effective as of _____.
Your new weekly gap fee will be approximately _____.

- Your request for change of days has not yet been granted due to limited spaces in your child's room, your request will be added to our internal waiting list and you will be notified of the position as soon as one becomes available.

Signature _____

Date: _____