



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 four 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: _____



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