

Programme child enrolled in: (Circle one)	Hill/Bombay/Patumahoe/Harrisville/Waiuku
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Family Name: Childs name (1)..... Childs name (3)..... Enrolled days/hours will now be:	School child attends: Childs name (2)..... Childs name (4)..... Changes to take effect: ____/____/____
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This form supersedes previous enrolment details. - **ONE weeks'** notice is required for reduction/cancellation of days/hours

Morning Care Monday _____ until - school start Tuesday _____ until - school start Wednesday _____ until - school start Thursday _____ until - school start Friday _____ until - school start	Afternoon Care Monday school finish- until _____ Tuesday school finish- until _____ Wednesday school finish- until _____ Thursday school finish- until _____ Friday school finish- until _____
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☐ Please tick if you wish to change to casual care. ☐ Please tick if you receive a WINZ Subsidy.
☐ Please tick if you do **NOT** want to receive Holiday Programme information

Signed: _____ Date: ____/____/____

Name of Enrolling parent/caregiver: _____

Office Use Only: <input type="checkbox"/> Message Sheet Completed <input type="checkbox"/> Staff Member Initial: _____ <input type="checkbox"/> Actioned by Office: _____
