

Request for Changes Form



Date: ____ / ____ / ____ **At least four (4) weeks notice must be given to the centre**

Name of child: _____ Room: _____

Current days enrolled: Mon Tue Wed Thu Fri

ADDING DAYS

No. of days: ____ Days to add: Mon Tue Wed Thu Fri

Starting from: _____, ____ / ____ / ____ (Day, date)

REDUCING/REMOVING DAYS

No. of days: ____ Days to remove: Mon Tue Wed Thu Fri

Starting 4 weeks from now on: _____, ____ / ____ / ____ (Day, date)

***NB: Dropping any current days within three (3) months of adding new days will incur a \$50 administration fee
Four (4) weeks' notice must be provided for dropping days before you are able to pick up additional days***

RE-ENROL CHILD

Days requested: Mon Tue Wed Thu Fri

Starting from: _____, ____ / ____ / ____ (Day, date)

NB: A \$50 administration fee applies for re-enrolments

I, _____ (name of parent/guardian) authorise the above change(s) and understand that these change(s) will be notified to you by the Centre Director of Grow ELC in four (4) weeks or when spots becomes available.

Signature of parent/guardian: _____ Date: ____ / ____ / ____

Contact number: _____

OFFICE USE ONLY

Date received: ____ / ____ / ____ Received by: _____ Entered: CC HW

Changes approved? YES / NO Centre Director's Signature: _____ By: _____ Date: ____ / ____