



ALTERATION OR CANCELLATION OF EARLY CHILDHOOD SERVICE

A separate Application Form is to be completed for each child.

INFORMATION ABOUT THE CHILD

Family Name: _____ Date of _____

Given Names: _____

I WISH TO CHANGE MY PERSONAL DETAILS (Change in address, telephone etc.)

Please specify:

I WISH TO CHANGE MY SESSION

Current session: _____

New session: _____

I WISH TO CANCEL MY ENROLMENT

Last date of attendance at Pre-Kinder: _____

Comments: _____

AUTHORISATION AND SIGNATURE

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: _____