



**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: \_\_\_\_\_