

Programme child enrolled in: (Circle one)	Hill/Bombay/Patumahoe/Harrisville/Waiuku
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Family Name:	School child attends:
Childs name (1).....	Childs name (2).....
Childs name (3).....	Childs name (4).....
Enrolled days/hours will now be: This form supersedes previous enrolment details. - ONE weeks' notice is required for reduction/cancelation of days/hours	Changes to take effect: ___/___/___
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 _____
<input type="checkbox"/> Please tick if you wish to change to casual care.	
<input type="checkbox"/> Please tick if you receive a WINZ Subsidy.	
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: _____
