

Programme child enrolled in: (Circle one) Hill/Bombay/Patumahoe/Harrisville/Waiuku/Karaka

Family Name: **School child attends:**

Childs name (1)..... Childs name (2).....

Childs name (3)..... Childs name (4).....

Enrolled days/hours will now be: **Changes to take effect:** ___/___/___

This form supersedes previous enrolment details. - **ONE weeks' notice is required for reduction/cancellation of days/hours**

Morning Care (Not available at Karaka School)

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 _____

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: Message Sheet Completed Staff Member Initial: _____ Actioned by Office: _____