

Change of Days form

CHILD'S NAME:	DATE OF REQUEST:					
CHILD'S ROOM:	DATE OF CHANG	OF CHANGE OF DAYS :				
CURRENT DAYS (Please Circle):	М	т	W	т	F	
DAYS YOU WOULD LIKE ADD (Please circle) : (If days aren't available you will be placed on a waitlist	M	т	W	т	F	
Please note that an increase day/s you will be required	-	or the e	xtra day	/s		
DAYS YOU WOULD LIKE TO REMOVE: (please ci	ircle): M	т	W	т	F	
(A 4 weeks' notice is required for a decrease in days)						
Please note a decrease in days you bond will be refunded on statement.	to your XPLOR account	and will	show on	your n	ext	
PARENT SIGNATURE:						
Office use:						
Bond Refund date:	Amount	\$				
Bond payment date:	Amount	\$				