

## **Change of Days form**

CHILD 3 NAIVIE: DATE OF REQUEST:							
CHILD'S ROOM:	_ DATE OF CH	DATE OF CHANGE OF DAYS :					
CURRENT DAYS (Please Circle):		M	т	W	T	F	
DAYS YOU WOULD LIKE ADD (Please circle) :		М	т	w	Т	F	
(If days aren't available you will be placed on a waitlis	t)						
Please note that an increase day/s you will be required	d to pay extra bo	ond fo	the ex	tra day,	/s		
DAYS YOU WOULD LIKE TO REMOVE: (please o	circle):	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 or statement.	nto your XPLOR ac	count a	nd will	show on	your n	ext	
PARENT SIGNATURE:							
Office use:							
Bond Refund date:	Amo	ount \$	·				
Rond navment date:	Ami	ount '	÷				