

Panania Pre-School Kindergarten 88 Tower Street, Panania NSW 2213 PO Box 4183, Kingsway West NSW 2208 Ph. (02) 9771 3461

Email. mail@pananiapreschool.com.au

Change of Days or Cancellation of Care Form

Date of	Notice:				
Child's Name:		Child's DC	DB:		
☐ With	draw Child from the C	entre			
Last day	of attendance will be	: <u></u>			
(Please no	ote: four (4) weeks' notice i	must be given per Fee Policy).			
OR					
□ Drop	ping Days of Attendar	ıce			
I wish to	inform the centre tha	at my child will be droppi	ng the following days o	of care (circle below):	
		Monday Tuesday We	ednesday Thursday	Friday	
Date ne	w attendance to begir	n:			
(Please no	ote: four (4) weeks' notice i	must be given per Fee Policy).			
Reason	for cancelling care or o	dropping days at the cent	re:		
DI		11b 11b /4\ b - 1-	. In the section of (EV becomes	Lt.L.	
Please rate your experience at the centre with (1) being lowest and (5) being highest:					
	Programs	Cleanliness	Staff	Management	
Any con	nments you wish to m	ake about the centre:			
					,
		· -		pefore their last enrolled day	
	m also aware that Chi are and days immedia		not be claimed should	my child not attend on their	ası
uay or C	are and days infinedia	tery prior.			
Parent N	Name:	Pa	arent Signature:		
			Date:		