



Samuel Gilbert Out of School Hours Care Change of days/Exit Questionnaire

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|--------------------------|--------------|
| Child/ren's name: | Date: |
|--------------------------|--------------|

| | |
|---|---|
| <p>I wish to cancel my child/ren's days/enrolment of attendance to take effect from the following date:</p> <p>.....</p> | <p>I wish to reduce /add/or change my child/ren's days of attendance to take effect from the following date</p> <p>.....</p> <p>New enrolment details will start on:</p> <p>..... for the following days</p> <p>BSC - Monday, Tuesday, Wednesday, Thursday, Friday</p> <p>ASC - Monday, Tuesday, Wednesday, Thursday, Friday</p> |
|---|---|

For reporting requirements, we would appreciate you completing the following if you are leaving the service (please circle):

| | |
|--|------------------------------|
| Cost of child care | No longer working |
| Change of employment /study /maternity leave | No longer living in the area |
| Commencing high school | Transfer to another service |

Other: (please provide a brief comment below).

Comments: _____

Please provide feedback on the service's strengths

Please provide feedback on areas the service could improve

Additional comments

Print Name: **Parent/Guardian signature:**