

## BASIC EDUCATION MORNING AND AFTERNOON CLUBS / changes

Name of child:		ID number:	
Child's morning and afternoon club:			
Name of guardian:			
Telephone number:			
Address:			
Postal code:			

### Absences:

Child ill for the entire month (doctor's certificate):	<input type="checkbox"/>	Which month	
Child absent for the entire month (payment for half a month):	<input type="checkbox"/>	Which month	

**Changes in operating time:** note that operating time can be changed only one time at fall term and one time at spring term. The change can be done only at the beginning of the month.

Changes in operating time	<input type="checkbox"/>	Beginning date	
---------------------------	--------------------------	----------------	--

### Termination:

Termination of the child's afternoon club attendance in current location:	<input type="checkbox"/>	Starting from:	
Termination of the child's morning club attendance in current location:	<input type="checkbox"/>	Starting from:	

Date:	
Signature:	
Print name:	

**Return the form to your child's morning and afternoon club**