



Change in Reservation Request

Daycare / Lunch Program

2018-2019

St John Fisher Sr.

Student Identification

Last Name : _____ ID Number : _____
 First Name : _____

For Adult Responsible: Please complete the appropriate sections below.

- Make corrections in the space provided.
- Please allow 10 working days for invoice changes on your Statement of Account.
- Please sign and date this form.
- Please return this form to the person in charge of the Daycare/Lunch program
- Please make sure contact information is up-to-date
- Two weeks notice is required for any changes.
- Only 1 (one) reservation change per month will be accepted to a maximum of 3 (three) changes per year.

SECTION A - CHANGE IN RESERVATION

Start date of new reservation: YY____/MM____/DD____
 Service required: Daycare Lunch

SECTION B - END IN RESERVATION

Service is no longer required:
 Change effective as of: YY____/MM____/DD____

**** Important : Please indicate with a check mark all the periods for which your child will be present.**

| | | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------|---------------|--------|---------|-----------|----------|--------|
| Am | 07:00 à 08:00 | | | | | |
| Lunch | 11:20 à 12:20 | | | | | |
| Midi-Daycare Only | 11:20 à 12:20 | | | | | |
| Pm | 14:20 à 18:00 | | | | | |

Will your child(ren) be attending pedagogical days Yes No

 Parent or Legal Guardian's Signature

Parent 1
 Parent 2
 Other

 Date

This section is reserved for Daycare/Lunch program use.

Teacher's name : _____ Student's homeroom : _____ Class : _____ School number and name : _____

Confirmation of service :

- Lunch
- Sporadic
- Regular

Notice received by: _____ Date: _____