



Change in Reservation Request

Daycare / Lunch Program

2018-2019

Clearpoint Elementary

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
- 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
Morning Daycare	07:00 à 07:50					
Lunch	11:20 à 12:20					
Midi-Daycare Only	11:20 à 12:20					
After School Daycare	14:25 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: _____