



Change in Reservation Request

SEED / Lunch Program

2024-2025

Clearpoint SEED Program

Student Identification

Last Name : _____ ID Number : _____
 First Name : _____
 Is student in joint custody? Yes No

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 SEED/Lunch program
- ✓ After September 30 - Only one reservation change per month will be permitted to a maximum of three changes per year. ✓ Two weeks notice is required for any changes.

SECTION A - END RESERVATION

End date of current reservation: YY _____ /MM _____ /DD _____
 SEED Lunch Service no longer required

SECTION B - NEW RESERVATION

Start date of new reservation: YY _____ /MM _____ /DD _____
 Service required: SEED Lunch

**** 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 12:10						
After School Daycare 14:30 à 18:00						

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

Respondant's Signature Mother Father Other

_____ Date

Please return this form to the SEED Technician at your school.

_____ Received by - please initial