10140 86 Ave NW, Edmonton, AB T6E 2M1

Phone: 780-710-7667

Web: www.strathconanurseryschool.com
Email: info@strathconanurseryschool.com

CHANGE/CANCEL SESSION FORM

Please complete this form and leave it with the teachers for processing. You will be contacted by the Registrar to confirm whether your request can be completed.

Child(ren)'s Name(s)_____ Parents' Names_____

Sessions Currently Enrolled In

Current Session Example: Mon/AM	

Changes To Be Made & Effective Dates

Effective Date	Sessions to be ADDED Example: Mon/AM	Sessions to be *DROPPED Example: Mon/PM

* One calendar month's written notice is required to withdraw your child from a classroom session should this result in a change of fees (this does not apply if you are switching your child from a Monday session to a Friday session for example as there would be no fee change) - **From Parent Handbook p. 5**

Parent Signature_____ Date_____

* ***A Board Member will be contacting you via email regarding any fees owing.**

BELOW PORTION FOR OFFICE USE ONLY

One month's notice given (please circle) YES NO

If one month's notice not given indicate fees owing $_____

Signature of Board Member Completing

Form_____

Updated November 2026