10140 86 Ave NW, Edmonton, AB T6E 2M1

Phone: 780-710-7667

Web: www.strathconanurseryschool.com
Email:
registrar@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