

CHANGE/CANCEL SESSION FORM

8530 – 101 Street King Edward Elementary School Edmonton, Alberta T6E 3Z5

Phone: 432-9226

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

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 I	Made & Effective Dates	
Effective Date	Sessions to be <u>ADDED</u> Example: Mon/AM	Sessions to be *DROPPED Example: Mon/PM
	Example: Month Wi	Example: Month W
* 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.		
<u>DUTY DAYS Please Note</u> : In the event that notice of withdrawal is given without sufficient time and there is a scheduled duty day during that period of time, the family is still responsible for fulfilling their responsibilities for that duty day.		
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		