

Change in Reservation Request ☐ SEED / Lunch Program 2025-2026 Edgewater 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 program	07:00 à 09:00					
Lunch program	12:30 à 13:20					
After school program	15:40 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