



Change in Reservation Request

SEED / Lunch Program

2024-2025

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