

ST. MARGARET SCHOOL

EXTENDED DAY CARE (EDC)

CHANGE OF SCHEDULE REQUEST FORM

Complete and return to the EDC Director.

STUDENT & FAMILY INFORMATION

Student name: _____ Grade: _____

Parent/guardian: _____

Email: _____ Phone: _____

CURRENT EDC SCHEDULE

Select each day and care option for that day:

Monday	Tuesday	Wednesday	Thursday	Friday
☐ Morning	☐	☐	☐	☐
☐ Until 4 PM	☐	☐	☐	☐
☐ Until 6 PM	☐	☐	☐	☐

REQUESTED NEW EDC SCHEDULE

Select each day and care option for that day:

Monday	Tuesday	Wednesday	Thursday	Friday
☐ Morning	☐	☐	☐	☐
☐ Until 4 PM	☐	☐	☐	☐
☐ Until 6 PM	☐	☐	☐	☐

Other change/details: _____

Date submitted: _____ Requested effective month: _____

SCHEDULE CHANGE POLICY & ACKNOWLEDGMENT

Schedule changes may be requested at any time during the school year, subject to availability.

Approved changes take effect at the beginning of the following month, not immediately.

I remain financially responsible for the currently reserved EDC schedule through the end of the month in which this request is submitted, regardless of attendance or use.

☐ I have read and understand the schedule change and financial responsibility policy.

Parent/guardian signature: _____ Date: _____

FOR EDC OFFICE USE ONLY

☐ Approved ☐ Pending availability ☐ Not approved