ST. MARGARET SCHOOL

EXTENDED DAY CARE (EDC)

CHANGE OF SCHEDULE REQUEST FORM

Please submit this completed form to the EDC Director.

STUDENT & FAMILY INFORMATION

Student name: _____ Grade: _____

Parent/guardian: _____

Email: _____ Phone: _____

CURRENT EDC SCHEDULE

Select the days and services currently reserved:

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

☐ Morning care ☐ Afternoon care until 4 PM ☐ Until 6 PM

REQUESTED NEW EDC SCHEDULE

Select the days and services you wish to reserve:

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

☐ Morning care ☐ Afternoon care until 4 PM ☐ Until 6 PM

Other change / details: _____

Date request 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 understand that I remain financially responsible for my currently reserved EDC schedule through the end of the month in which this request is submitted, regardless of actual attendance or use of those reserved days.

☐ 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

Approved effective date: _____ Director initials: _____