



Change Request

Please submit this form to your child's Directress at least 48 hours prior to the date of the requested change. The Directress will review your request and notify you if we can accommodate your request.

Child's Name _____ Environment _____

Date requested change will begin _____

Please indicate change:

New schedule:

_____ 7:00 am – 12:00 pm
_____ 7:00 am – 3:30 pm
_____ 7:00 am – 4:30 pm
_____ 7:00 am – 6:00 pm
_____ 9:00 am – 12:00 pm
_____ 9:00 am – 3:30 pm
_____ 9:00 am – 4:30 pm
_____ 9:00 am – 6:00 pm

of Days:

_____ 3
_____ 5

Hot Lunch:

_____ Begin hot lunch
_____ Discontinue hot lunch

Status Change: No Napper – Date _____

Parent Signature _____ Date _____

Phone # _____ Email _____

For office use – do not complete information below this line.

_____ Directress' initials _____ Date received
_____ Office _____ Date received
_____ Business Manager _____ Date received

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