

## **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 b	egin				
Please indicate change:					
-	<u>C</u>	<u> ircle all chan</u>	ges that apply		
<b>Before School Care</b>					
7:00 am-9:00 am	Add	Delete	3 days/week	5 days/week	
8:00 am-9:00 am	Add	Delete	3 days/week	5 days/week	
School Day					
9:00 am-Noon	Add	Delete	N/A	5 days/week	
9:00 am-3:15 pm	Add	Delete	3 days/week	5 days/week	
After School Care					
3:15 pm-5:00 pm	Add	Delete	3 days/week	5 days/week	
3:15 pm-6:00 pm	Add	Delete	3 days/week	5 days/week	
Hot Lunch Program					
Daily	Add	Delete	3 days/week	5 days/week	
Pizza Friday Only	Add	Delete			
Daily Napper	Add	Delete			
Parent Signature				_Date	
Phone #		Email			
For office use – do not con	nplete infori	mation below	this line.		
Directress' initials	Date received (Please notify Before Care/After Care staff if applicable)				
Office		Date received			
Business Manager		Date received			
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