



CHANGE OF BOOKING REQUEST

I request that my child _____

who is currently enrolled at ECC Little Gems in the following program:

- Funded Kindergarten Program A (Mon, Tues, Wed, Mon, Tues)
- Funded Kindergarten Program B (Thurs, Fri, Wed, Thurs, Fri)
- Long Daycare plus Funded Kindergarten Program (Circle current days)
Mon Tues Wed Thurs Fri
- Long Daycare (Circle current days)
Mon Tues Wed Thurs Fri

Be changed to the following:

As of:

- Funded Kindergarten Program (Mon, Tues, Wed, Mon, Tues)
- Funded Kindergarten Program (Thurs, Fri, Wed, Thurs, Fri)
- Long Day care plus Funded Kindergarten Program (Circle requested days)
Mon Tues Wed Thurs Fri
- Long day care (Circle requested days)
Mon Tues Wed Thurs Fri

Name of Parent/Guardian: Date:

Signature:

Note: *Request can only be considered subject to availability.*

To:

Your Change of Booking Request for your child has been approved and processed:

- Yes No

Signature: Date:
(ECC Little Gems Representative)

FOR: