

EXTENDED DAY PROGRAM
Notification of Holiday Opening



TO: INTERNAL AUDITING DEPARTMENT

FAX: 217-4191

School: _____

Name of Holiday: _____

We will be / will not be accepting children registered in other EDP Programs.
(Circle One)

Holiday Dates Open: _____

Holiday Hours Open: _____

Location within School Building: _____

E.D.P Contact Telephone Number: _____

Site Director

Date

Principal

Date

****This form must be received by the Internal Auditing Department at least one week in advance of school holiday opening.***