

**SCHOOL NURSERY REQUEST FOR CHANGE OF SESSIONS FORM**

Child’s name:

I/We wish to request a change of sessions for my/our child at the school Nursery and would like him/her to attend on the following sessions starting from the next full term.

Please indicate all sessions (**✓**) you would like your child to attend. If you have more than one child please complete a form for each child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **BREAKFAST CLUB**7.40am–8.45am | **MORNING SESSION**8.50am-11.50am | **AFTERNOON SESSION**12.00pm–3.00pm | **AFTER SCHOOL CLUB**3.00pm – 6.00pm |
| MONDAY |  |  |  |  |
| TUESDAY |  |  |  |  |
| WEDNESDAY |  |  |  |  |
| THURSDAY |  |  |  |  |
| FRIDAY |  |  |  |  |

In line with our Admissions Criteria we request that children attend Nursery for a minimum of 5 sessions (morning, afternoon or full days)

We are eligible to receive 30 hours Nursery and Care Education and the 11-digit eligibility code issued by the Government for ……………………………. is…………………………………..

Parent/Carer Name:…………………………………………………………..

Parent/Carer Signature:…………………………………………………………

Date:……………………………………………………

**PLEASE NOTE THIS IS NOT CONFIRMATION OF SESSION TIMES**