

Change of hours/sessions Form

If you would like to amend your child's	nursery sessions or increase sessions attended, please complete the details	
below, and hand form in to the main r	eception. Whilst we will endeavour to try to accommodate your request we cannot	
guarantee that your request will be agreed. All changes will be reviewed once a month.		
Name of Child:		

guarantee that your request will be agri	eed. All changes will be re	eviewed once a month.	
Name of Child:			
Dob:			
Child's current funding:	All year round	Term time only	
(Please circle as appropriate)			
'	No Funding	2 Year Funding	
	J	•	
	15 Hours funding	30 Hours funding	
	J	3	
Name of child's key worker:			
Traine of crime of the property of the propert			
Current sessions:			
Disagnative details of shower / session	a na acciona de		
Please give details of change / sessions required:			
Please give a brief reason as to request:			
Fleuse give a bile; Leuson as 10 Lequest.			
Signed: Parent / Guardian			
Date:			
ACTION:			
Date changes to commence:			
Once agreed tear off and give to Key Worker			
Childs Name:			
ormas rame.			
Kara Markana			
Key Worker:			
Details of changes and date to start	†		