



Childs name..... DOB.....

Is the child eligible for funding from start date please circle NO / YES please state- 2YF 3&4YF EYPP
 if yes - How many hours funding will be claimed at this setting..... at another setting

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------------------|--------|---------|-----------|----------|--------|
| New starter Preferred sessions | | | | | |
| Current sessions times | | | | | |
| New sessions times | | | | | |
| Start date | | | | | |

I agree that I have changed my sessions to the above and am liable for session charges from the start date and that I agree with all the nurseries terms and conditions.

Parent sig _____ Date _____

Agree by (Nursery Manager) _____ Date _____

Please note we can only book sessions a month in advance. If you require us to hold a session for any longer than a calendar month then you will be required to pay a retainer fee for the sessions.