

Session Change Agreed: Yes / No

Date Agreed: _____

Staff Signature: _____



Permanent Change Form

(Please use this form if you wish to make any changes to your booked sessions)

Child's Name: _____

Requested Change of Sessions:

Please detail the sessions you would like to change by indicating below which sessions you would like on the Additional Sessions table and which sessions you no longer require on the Reduction of Sessions table.

Requested Additional Sessions:

Please circle the extra sessions that you would like to book.

| | Mon | Tues | Wed | Thurs | Fri |
|-----------|--------|--------|--------|--------|--------|
| Morning | 8 – 12 | 8 - 12 | 8 - 12 | 8 – 12 | 8 – 12 |
| Afternoon | 12 – 4 | 12 - 4 | 12 - 4 | 12 – 4 | 12 – 4 |
| All Day | 8 - 4 | 8 - 4 | 8 - 4 | 8 – 4 | 8 - 4 |

Reduction of Sessions:

Please circle the sessions you would like to stop:

| | Mon | Tues | Wed | Thurs | Fri |
|-----------|--------|--------|--------|--------|--------|
| Morning | 8 – 12 | 8 - 12 | 8 - 12 | 8 – 12 | 8 – 12 |
| Afternoon | 12 – 4 | 12 - 4 | 12 - 4 | 12 – 4 | 12 – 4 |
| All Day | 8 - 4 | 8 - 4 | 8 - 4 | 8 – 4 | 8 - 4 |

I accept responsibility of payment for any sessions over and above my Early Years Funding entitlement. All extra session fees will be paid in advance.

Parent/Carer signature: _____ Date: _____