



Heath House Day Nursery
 52 Fleet Road
 Fleet
 Hampshire
 GU51 4PA
 Tel: 01252 617473

REQUEST FOR CHANGE OF SESSIONS

Childs Name:	
Parents / Carer Name:	
Childs DOB:	
Email for Confirmation:	

Current Sessions Attended:

	Mon	Tue	Wed	Thu	Fri
Full Day					
Morning					
Afternoon					

If School Day sessions (09h00 to 15h00, 09h00 to 12h00, 12h00 to 15h00, 15h00 to 18h00) Please write in bottom box. School Day sessions for Pre-School only.

New Sessions Requested:

	Mon	Tue	Wed	Thu	Fri
Full Day					
Morning					
Afternoon					

If School Day sessions (09h00 to 15h00, 09h00 to 12h00, 12h00 to 15h00, 15h00 to 18h00) Please write in bottom box. School Day sessions for Pre-School only.

Reason for Change of Sessions Request:

Date Change Requested From:

I would like the session change to be effective from:

Please note that for Babies/ Toddlers/ Pre-P's, change of sessions require a 1 month notice.

For Pre-School, change of sessions require a terms notice to commence on: 1st Sept, 1st Jan or 1st April in line with Early Years Funding.

Parent / Carer Signature:

Date:



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THIS PAGE TO BE COMPLETED FOR PRE-SCHOOL AND 2 TO 3 ROOM CHILDREN ONLY
Please answer all questions – if “No” to the first question of each session go to next section

2 Year Old Funding:

1. Do you currently receive 2 Year Old funding at Heath House: Yes_____ No_____
- If “Yes” for Q1 please state your Refence Number: _____
2. Do you split your 2YO funding with another setting: Yes_____ No_____
- If “Yes” to Q2 please state the name of the other setting and indicate the split of your funding between the settings:
- Heath House_____ Hours per week. _____ Hours per week

3 Year Old Funding:

3. Do you currently receive 3 Year Old funding at Heath House: Yes_____ No_____
4. Do you split your 3YO funding with another setting: Yes_____ No_____
- If “Yes” to Q4 please state the name of the other setting and indicate the split of your funding between the settings:
- Heath House_____ Hours per week. _____ Hours per week

Extended 3 YO Funding:

5. Are you eligible for Extended Funding to use at Heath House: Yes_____ No_____
- If “Yes” to Q5 please state your Eligibility Code: _____
6. Do you split your Extended Funding with another setting: Yes_____ No_____
- If “Yes” to Q6 please state the name of the other setting and indicate the split of your funding between the settings:
- Heath House_____ Hours per week. _____ Hours per week

For Heath House Day Nursery Use Only (Director Signature Required)		
Approved:		Date:
Declined:		Date: