St Mewan Nursery

Session Request Form

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| --- | --- |
| Child’s full name: | Date of Birth: |
| Date you would like the new sessions to begin: | Parent/Carer signature: |
| Parent/Carer email: | Parent/Carer Contact number: |

If a session is booked in addition to your child’s allocated funding, the extra sessions will be invoiced monthly.

Please tick below the required sessions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Session | Morning Wraparound care.Please tick start time required. | Morning | Afternoon | Afternoon Wraparound care.Please tick end time required. |
|  | 7.30am | 8am | 8.30am | 9am-12 noon | 12 noon-3pm | 3.30pm | 4pm | 4.30pm | 5pm | 5.30pm |
| Cost per session | £9.00 | £6.00 | £3.00 | £18.00 | £18.00 | £3.00 | £6.00 | £9.00 | £12.00 | £15.00 |
| Monday |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |

For office use. Date request submitted \_\_\_\_\_\_\_\_\_\_\_\_\_ Funded hours allocated \_\_\_\_\_\_ Funded hours used \_\_\_\_\_\_ Additional hours to be invoiced \_\_\_\_\_\_