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**01937 557602**

**Booking Request Form**

**Name of Child Start Date**

**Email Address**

**Telephone Contact Number 1**

**2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nursery Sessions | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

**Please indicate with initial of the session required in the box above**

**BC** = Breakfast Club 7:30am – 8:30am

**FD** = Full Day Care – 8:00am – 15:30pm (7.5 Hours)

1. Extended Session 8:30am – 13:30pm (5 hours)
2. **Extended Session 10:30am – 15:30 (5 Hours)**

**\* Standard session**  = 8.30am – 12:30pm (4 hours)

\*(4 Hours) **For non funded children only**

**WA =**Wrap Around **= (**3years Excluding breakfast) = 8:00am – 18:00pm (10 hours)

**Sessions will be confirmed once ratios have been checked.**

**---------------------------------------------------------------------------------------------------------**

**Name of Child: Start Date:**

**Confirmation of Sessions – Please note a place has now been secured and you will be charged for these sessions** (To be completed by Nursery Staff)

**Name of Child Start Date**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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