

**CHANGE OF NURSERY HOURS**

If you wish tochange your child’s nursery hours, we require four weeks’ notice in writing. To ensure that we meet current staff ratio requirements for early years provision, we will need to approve any change to ensure we meet current legislation.

Please add the requested hours in the table below together with the preferred commencement date.

|  |  |
| --- | --- |
| **Name of Child:** | **Date of Birth:** |

**Current Hours**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** |
|  |  |  |  |  |  |  |  |  |  |

**Requested Hours**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** |
|  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Preferred Commencement Date:** | **Age of child at Commencement Date:** |
| **Date Request Made:** | **Request Made By Including Signature:** |

***For Office Use:***

Changes Agreed: Y/N

Agreed Start Date:

Agreed By:

**Agreed New Hours (if different from requested):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** | **Drop Off** | **Pick Up** |
|  |  |  |  |  |  |  |  |  |  |

Date Confirmation Sent:

Date Arbor Updated:

Date Finance Updated:

Date Portal Updated: