St Joseph's Catholic Primary School
PreSchool - Change of Session/s Form

Child 1 : _____ D o B _____

Child 2 : _____ D o B _____

Dear Parent / Carer - You can use this form to;

Request a Change of Session/s for your Child/ren *

* - Funded hours can only be increased with enough notice to impact the following term.
* - Privately paid hours - 4 weeks notice will be required for a reduction of hours
* - Privately paid hours - additional session/s may be available immediately.

Currently my Child/ren attend the PreSchool on (please tick or cross);

		Monday	Tuesday	Wednesday	Thursday	Friday
Child 1 : _____	Morning Session					
	Lunch					
	Afternoon session					
Child 2 : _____	Morning Session					
	Lunch					
	Afternoon session					

I would like to request change to the following;

		Monday	Tuesday	Wednesday	Thursday	Friday
Child 1 : _____	Morning Session					
	Lunch					
	Afternoon session					
Child 2 : _____	Morning Session					
	Lunch					
	Afternoon session					

I would like these changes to take effect as of .....

The PreSchool Team will acknowledge your Request as soon as we can and finalise any details/queries, etc

Please email this form back to;
PreSchool@Staff.St-Josephs.N-Somerset.Sch.Uk

Thank you
Mr Bath, Miss Young and Mrs Fenton-Stretton

Signed - Parent 1 : _____ Date : _____

PRINT NAME : _____

Signed - Parent 1 : _____ Date : _____

PRINT NAME : _____