



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					

New Sessions Requested:

	Mon	Tue	Wed	Thu	Fri
Full Day					
Morning					
Afternoon					

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 funded places, 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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Early Years Funding Offer

Tick the relevant box(es) to confirm which funding you will be claiming:		
<input type="checkbox"/> 9 months to under 2-years-old (working families eligibility criteria)	<input type="checkbox"/> 2-years-old (disadvantage eligibility criteria)	<input type="checkbox"/> 2-years-old (working families eligibility criteria)
<input type="checkbox"/> 3 and 4-year-old Universal Entitlement	<input type="checkbox"/> 3 and 4-year-old (working families eligibility criteria for 30 hours)	

Funding information:

Funding Reference Number: _____

Claiming Parent National insurance number: _____

Full name of the Claiming Parent: _____

Do you intend to split your funding with another setting: Yes _____ No _____

If Yes Please provide details of other setting and indicate the split of your funding between the settings:

Heath House Day Nursery to claim _____ Hours per week.

Second setting name: _____ to claim _____ Hours per week.

I understand that it is the responsibility of the parent / carer, and not the nursery, to reconfirm my child's eligibility every 3 months. I agree that in the event that Heath House is not reimbursed by Hampshire Early Years for the full amount claimed on my behalf for any reason, then I will be liable for the charges incurred at Heath House's standard published fee rates.

Parent Signature: _____

Name: _____

Date: _____