



Oaklea House Day Nursery
 London Road
 Hook
 Hampshire
 RG27 9LA
 Tel: 01256 766980

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					

If School Day sessions (09h00 to 15h00, 09h00 to 12h00, 12h00 to 15h00, 15h00 to 18h00) Please write in bottom box. School Day sessions for Pre-School only.

New Sessions Requested:

	Mon	Tue	Wed	Thu	Fri
Full Day					
Morning					
Afternoon					

If School Day sessions (09h00 to 15h00, 09h00 to 12h00, 12h00 to 15h00, 15h00 to 18h00) Please write in bottom box. School Day sessions for Pre-School only.

Reason for Change of Sessions Request:

Date Change Requested From:

I would like the session change to be effective from:

Parent / Carer Signature:

Date:



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THIS PAGE TO BE COMPLETED FOR PRE-SCHOOL AND 2 TO 3 ROOM CHILDREN ONLY

Please answer all questions – if “No” to the first question of each session go to next section

2 Year Old Funding:

1. Do you currently receive 2 Year Old funding at Oaklea House: Yes _____ No _____

If “Yes” for Q1 please state your Reference Number: _____

2. Do you split your 2YO funding with another setting: Yes _____ No _____

If “Yes” to Q2 please state the name of the other setting and indicate the split of your funding between the settings:

Oaklea House _____ Hours per week. _____ Hours per week

3 Year Old Funding:

3. Do you currently receive 3 Year Old funding at Oaklea House: Yes _____ No _____

4. Do you split your 3YO funding with another setting: Yes _____ No _____

If “Yes” to Q4 please state the name of the other setting and indicate the split of your funding between the settings:

Oaklea House _____ Hours per week. _____ Hours per week

Extended 3 YO Funding:

5. Are you eligible for Extended Funding to use at Oaklea House: Yes _____ No _____

If “Yes” to Q5 please state your Eligibility Code: _____

6. Do you split your Extended Funding with another setting: Yes _____ No _____

If “Yes” to Q6 please state the name of the other setting and indicate the split of your funding between the settings:

Oaklea House _____ Hours per week. _____ Hours per week

For Oaklea House Day Nursery Use Only (Director Signature Required)

Approved:

Date:

Declined:

Date: