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 Pattern of Attendance:

	Mon	Tue	Wed	Thu	Fri
Full Day					
Morning					
Afternoon					

New Pattern of Attendance 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 change of sessions require 1 month notice. For funded places, change of sessions are required to commence on: 1st Sept, 1st Jan or 1st April in line with Early Years Funding.

Parent / Carer Signature:	Date:

Heath House Day Nursery is a trading name for KZAR Childcare Limited (Company number 06379096) and is registered in England and Wales. Registered office is Knoll House, Knoll Road, Camberley, GU15 3SY. Email: foresthouse@kzarchildcare.co.uk

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Early Years Funding Offer

Tick the relevant box(es) to confirm which funding you will be claiming:		
☐ 9 months to under 2-years-old (working families eligibility criteria)	☐ 2-years-old (early learning eligibility criteria)	☐ 2-years-old (working families eligibility criteria)
☐ 3 and 4-year-old Universal Entitlement	☐ 3 and 4-year-old (working families eligibility criteria for 30 hours)	

Funding information:

Funding Refence Number:

Claiming Parent National insurance number:

Full name of the Claiming Parent:

Do you intend to split your funding with another setting:

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 eligiblity 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: _____

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