



Alderman Jacobs Pre-school Change of Sessions Form

Child's Name: _____

Current Booked Sessions (please tick):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 8:50am - 11:50pm					
Afternoon 12:05pm - 3:05pm					

Requested Sessions (please tick all sessions that you would like your child to attend)**:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 8:50am - 11:50pm					
Afternoon 12:05pm - 3:05pm					

*Please note that we require at least two weeks' notice before the end of half term for any changes can be made to booked sessions for the new half term.

**Any changes to booked sessions will depend on availability of spaces for the sessions requested.

Office Use Only

New Sessions Agreed (Please tick)*:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Name

Signature..... Date