



NURSERY PLACEMENT ALTERATION REQUEST

CENTRE NAME						
CHILD'S NAME						
D.O.B and stage ✓		3-5 yr old		2-3 yr old		0-2 yr old

CURRENT WEEKLY PATTERN (include all hours)										
	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
AM SESSION ✓ (08.40 - 11.50AM)										
PM SESSION ✓ (12.50 - 4.00PM)										
Extended hours i.e Start-8am/12/ 1pm Finish-12/1/5/6pm	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish

NEW REQUESTED WEEKLY PATTERN (include all hours)										
	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
AM SESSION ✓ (08.40 - 11.50AM)										
PM SESSION ✓ (12.50 - 4.00PM)										
Extended hours i.e Start-8am/12/ 1pm Finish-12/1/5/6pm	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish

REQUESTED START DATE OF NEW HOURS (minimum of 4 weeks' notice required)	Week commencing: Mon
--	----------------------------

OTHER INFO CHANGING (i.e. address, child's name etc)	
PREVIOUS	CHANGED TO

Parent/carer signature _____ Date _____

(Please pass completed form to your child's nursery)

For Early Years office use only	
Authorised by _____	Date _____
DATE OF CHANGE _____	