Child's name									
Date of birth			Child	ld's unit					
their place at nu Notice as to boo effect after the l nursery will be re	at I need to give Ursery. Increases Oking pattern de ast day of my ch equired to increa our child's attend	in attendance vecreases in atten aild's attendance ase should your	vill be addance of during to child's a	ccommo or termin he week	dated ation (	d as soon coord of my child the notice	ns possible d's place ( is given.	e, subjec at nurse The dep	ct to availability. ery will only take posit retained by
	ow the days to existing booking	Monday Tue:		sday	Wednesday		Thursday		Friday
1. I WISH TO TER!	MINATE MY CHILD	'S PLACE AT NUR	SERY FRC	M WEEK	ENDIN	IG:			
2. I WISH TO CHA	ANGE MY CHILD'S	BOOKING PATTE	RN FROM	N WEEK C	OMM	ENCING:			
Please tick below the days to indicate the <b>new</b> booking pattern you require.		Monday	Tues	sday	Wednesday		Thursday		Friday
Please hand thi	s completed forn	n into the nursery	office a	nd we w	ill get i	it processe	d as soon	as pos	sible.
Parent/care	er signature								
Parent/co	arer name								
Contact	number	Date of re					equest		
		II	NTERNAL	USE ONI	Υ.				
Name of	me of manager				Update Specific Dietary Requirements Sheet				
Date received			Update First Aid Information Sheet						
Accept			Update any Care Plan						
Dec			Update any Behaviour Management Strategy						
On waiting list				Comments					
Alternativ	e agreed								
Parent/care	er informed	Initial, date &	time						
Undate (	Initial, date &								