

Change of Hours Form

Child's Name: _____

Date of Birth: _____

Please tick the total hours you would like your child to attend the nursery. Please ensure a copy of this form is handed in to the teachers at nursery.

	Mon	Tues	Wed	Thurs	Fri	Total Number of Hours
AM 4hrs						
PM 2 hrs						

Signed: _____

Printed Name: _____

Date: _____