** Butterfly Nursery School**

**Church Road**

**Horne**

**Surrey**

**RH6 9LA**

**01342 843655**

**Temporary Session Amendment Form**

Please complete this form if you require a temporary amendment to your child’s sessions at Butterfly Nursery School

Name of parent……………………………………………………………………………………………………………………..

Name of child………………………………………………………………………………………………………………………..

Date(s) if amended sessions………………………………………………………………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full day |  |  |  |  |  |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |

(Please insert times required)

Signed ……………………………………………………………… Date…………………………………………………………

Office use only

Staff member form handed to……………………………………………………………………………………

Date………………………………………………………

Additional staff required (to meet ratios) yes/no

Input into nursery administration system (tick when complete) Date……………………………………

Input by………………………………………………………. Position…………………………………………………………………………

Invoice sessions added to…………………………………………………………