

St Oswald's CE Primary School
Nursery Session Choice and Invoice Confirmation Form



Child's Name _____ DOB _____

1 st Choice	2 nd Choice	Session Choice
		Option 1: Mornings Monday – Friday 8:30am-11:30am.
		Option 2: Afternoons Monday - Friday 12:15pm-3:15pm
		Option 3: 30 hours 4 and a half days – you can choose which session to have off

Please indicate extra sessions requested

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Session Payment Invoicing Details

Please note that a £15 session charge is required for each extra session that your child attends Nursery. Payment is required in advance at the beginning of each term.

Please complete details of the person who should be invoiced for session costs.

Parents Full Name _____

Address _____

Postcode _____ **Telephone Number** _____

The daily cost for school meals is £2.50, which is payable in advance.

By signing up to the wraparound sessions you are acknowledging that session fees are payable in full whether your child attends this session or is absent for any reason.

30 Hour Offer

11 digit eligibility code _____. Date code obtained from GOV.UK _____

By signing this form, I acknowledge that all nursery fees need to be paid in full before the end of the term.

Parent's confirmation email address: _____

Signed: _____ Print Name _____

Date: _____

For School Use

Date Received		By staff member	
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