

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



Child's Name _____ DOB _____

The following sessions are available:

Please tick your preferred choice

	Option 1: Mornings	Monday – Friday 8:30am-11:30am.
	Option 2: Afternoons	Monday - Friday 12:15pm-3:15pm
	Option 3: Beginning of the week *	Full day Monday & Tuesday (8:30am- 3:15pm), Wednesday morning (8:30am-11:30am)
	Option 4: End of the week *	Wednesday afternoon (12:15pm – 3:15pm), full day Thursday & Friday (8:30am-3:15pm)
	Option 5: 30 hours	4 and a half days – you can choose which session to have off

Additional sessions are available at the cost of £15 per session.

Please indicate extra sessions needed

	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 _____ **DOB of Parent** _____

Address _____

Postcode _____ **Telephone Number** _____

The daily cost for school meals is £2.53, which is payable in advance direct to school.

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

***Please note that Beginning of the Week or End of the Week sessions incur a weekly charge of £5.00 per week.**

****Any additional payments are invoiced to you from Sefton Council with the total amount due for the term. These can be paid to school directly, or to Sefton Council and must be paid by end of each term.**

30 Hour Offer

11 digit eligibility code ____.

Date code obtained from GOV.UK _____

I acknowledge that if I am unable to pay for additional sessions, my child's hours will be reduced to their funded hours.

Parent's confirmation email address: _____

Signed: _____ Print Name _____

Date: _____

For School Use

Date Received		By staff member	
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