

Child's Name:

Date:

Please use this form to state the days, hours and if your child will be having nursery food. This form needs to be returned to the office by the **20<sup>th</sup>** of the month before you would like the hours to commence.

w.c	Start	Finish	B	L	T
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

w.c	Start	Finish	B	L	T
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

w.c	Start	Finish	B	L	T
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

w.c	Start	Finish	B	L	T
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

w.c	Start	Finish	B	L	T
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Office Use

Computer: Yes/No    Staff:.....    Date received: .....