**NURSERY EXTRA HOURS CONTRACT** **Autumn Term 2020**

**Starting date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to Mrs Ramezanpour by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Child’s Forename | Child’s Surname | Date of Birth |
|  |  |  |

Please write the hours in the boxes for your allocation and complete **either** Statement 1 or Statement 2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Total |
| *Morning*3 hours including lunch |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| *Afternoon*3 hours (without luinch) |  |  |  |  |  |  |

**Statement 1** Delete if not required

I confirm that I have been allocated **15** hours free entitlement per week with St Michael’s CE Primary School Nursery

I agree to pay for \_\_\_\_\_\_\_ additional hours over and above the 15 hours free Early Years Entitlement, based on times agreed and not actual attendance

I confirm that my child does not access a free place with another provider

**Statement 2** Delete if not required

If you are claiming the free entitlement with more than one provider :

The total claim must not exceed 15 hours per week, and must be accessed over a minimum of three days

I confirm that I have been allocated \_\_\_\_\_\_ hours per week with St Michael’s CE Primary School Nursery

I agree to pay for \_\_\_\_\_\_\_ hours with St Michael’s CE Primary School Nursery

I confirm that my child will access \_\_\_\_\_\_\_hours free entitlement per week with the following provider :

Name of provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that charges are payable in advance. Additional hours may be requested during the term but will depend on availability and staffing.

I understand that if I have given any false information, I will be asked to reimburse the provider.

I understand that checks will be made against central records to confirm my eligibility for free Early Years entitlement.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent / Guardian Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Surname Mr/Mrs/Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_