



**Liden Academy**  
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 admin@liden.excalibur.org.uk  
 www.liden.excalibur.org.uk



**Liden Academy Nursery**  
**Session Change Form**

Please use this form to request a change to your child's current Nursery Sessions, including giving notice of termination of their Nursery place, if applicable.

**1. Change Required For:**

**CHILD'S NAME:** ..... **D.O.B** .....

**Effective Change Date being requested:** .....

**2. Sessions Currently Attending**

<b>Morning Session 9:00 am – 12 noon</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri (please tick)
<b>Afternoon Session 12 noon – 3:00pm</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri (please tick)

**3. Session Changes Required**

- a) **Change** around of existing sessions being attended at Liden Academy Nursery.
- b) **Additional** sessions required at Liden Academy Nursery

**Please confirm below** the sessions (including those already attended, that you would now like to be considered. It may not always be possible to accommodate your exact requirements, however, we will do our very best to be able to offer what you are looking for.

<b>Morning Session 9:00 am – 12 noon</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri (please tick)
<b>Afternoon Session 12 noon – 3:00pm</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri (please tick)

**Please confirm below** any flexibility you have with your requirements, should we unable to accommodate your choices above. Are there any alternative sessions you might consider?

.....  
 .....

- c) **Notice of Session Cancellation** (please tick if appropriate)

(Use this form to give Notice in writing for cancellation of **some** or **all** sessions, to be received by the school office at least 1 calendar month before the cessation is to happen)

<b>I hereby give 1 calendar month's notice that I wish to reduce my child's Nursery Sessions as above</b>	<input type="checkbox"/> (Please tick if appropriate) <b>Effective Date</b>
<b>I hereby give 1 calendar month's notice that I wish to cancel all of my child's Nursery Sessions</b>	<input type="checkbox"/> (Please tick if appropriate) <b>Effective Date</b>

If your child is leaving Liden Academy Nursery, **please provide details** of where they will be receiving Nursery provision:

**My child is transferring to: NAME:** .....

**CONTACT No:** .....

**4. Funded Placements**

Nursery Terms are as follows: **Summer Term** - April to July, **Autumn Term** - September to December, **Spring Term** - January to March. Funding may be available for children from the age of 2 to 4 where

parents fulfil specified criteria as dictated by the Local Authority. Your decision on how many sessions Nursery Sessions you require for your child may be dependent upon funding availability. If it is, please ensure that any funding is confirmed to you by Swindon Borough Council/Childcare Choices before you apply for Session Changes – see below.

**4.i) 2 year old children** eligible to 15 hours a week funding (5 sessions). This is dependent upon certain criteria – please refer to Swindon Borough Council (SBC) leaflet D1055/14 (Free, high quality childcare for 2 year olds, and complete ‘Early Education For 2 Year Olds Application. Alternatively, contact SBC by emailing [earlyyearsfunding@swindon.gov.uk](mailto:earlyyearsfunding@swindon.gov.uk). Any funding available will be applied following your child’s 2<sup>nd</sup> birthday. The funding MUST be confirmed to you by SBC before applying for 2-year-old funded sessions with Liden Academy Nursery. Alternatively, you may already have been sent a Golden Ticket by SBC to acknowledge your entitlement to 2 year old childcare funding which you should present on your application for a nursery place. **Please indicate below your 2 year old Nursery requirement :**

**Up to 15hr Funded Nursery**     **15hr Funded with \_\_\_\_hrs Self Funded**

**Please complete the validation code below for 2 year old funding, as issued by Swindon Borough Council, if known**

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**4.ii) 3 year old children** with birthdays in the previous Nursery Term are automatically entitled to 15 hours free funding per week (5 sessions), known as Universal Funding. You DO NOT need to apply for this as we will claim it directly from SBC for you. Some 3 to 4 year olds may now be eligible for an additional 15hrs government funding (making a total of 30hrs funding) from September 17. This is applicable for families that fulfil specified criteria. To apply or find out further information, go to [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk). Applications for the 30 hour funding MUST be made via this website and will ONLY be payable from the term following application. Confirmation of funding MUST be received from SBC before you apply for 30hrs funded sessions.

**Please indicate below your 3 to 4 year old Nursery requirement**

**30hr Funded Pre-School space required (3-4 yrs old)**

**Please provide the following Parent/Guardian details in order to validate funding claims with SBC:**

**Parent 1: Name:** ..... **NI no:**..... **DOB:** .....

**Parent 2: Name:** ..... **NI no:**..... **DOB:** .....

**Please complete below the 11 Digit Validation Code for 30hr funding, as provided by SBC/Childcare Choices**

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**5. Self Funded Placements**

**Will you be self-funding some or all of your child’s nursery place? Yes / No**

If you would like to increase the number of hours your child attends nursery, and you will be self-funding, please confirm below the total number of hours you will be self-funding :

**I confirm that I will pay for a total of .... sessions per week, for provision of my child’s place at Liden Academy Nursery. Fees will be charged at the rate of £15 per session.**

**6. Signatory**

**NAME:** ..... **DATE:** .....

**SIGNED:** ..... **RELATIONSHIP (to child):** .....

**Contact telephone number** .....

**FOR OFFICE USE ONLY**

Date received	Place offered	Change of Contract issued	Contract signed	SIMS updated