



Alder Bridge Steiner-Waldorf School

Kindergarten

One-off Additional Sessions

NOT TO BE USED FOR PERMANENT CHANGES

ALL changes must be agreed in writing with the Kindergarten teacher prior to the date indicated.

Please note, without prior agreement your child may not be allowed in the Kindergarten for the requested session.

Child's Name _____

Moon Sun

Date of additional session(s) _____

Morning

Afternoon

I/we understand that I/we will be invoiced on my/our next termly invoice for the additional sessions.

Signed: _____ Date: _____

Name: _____
(Print)

Signed: _____ Date: _____

Name: _____
(Print)

Agreed by: _____ (Kindergarten Teacher)

Signed: _____ Date: _____