



Alder Bridge Steiner-Waldorf School

Kindergarten

Additional or Change of Sessions

NOT TO BE USED FOR ONE-OFF SESSIONS

ALL changes must be agreed in writing with the Kindergarten teacher prior to the start date indicated as it may not be possible to accommodate your child for your chosen session(s).

Child's Name _____

Moon Sun **Date from which change takes place** _____

Day	AM Session	PM Session
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

NOTE: Please put a **tick** in the above box for sessions that are being added and a **cross** for any sessions that are being dropped.

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: _____