

**Coopersale Hall School**

Kindergarten

Sessions

|  |  |
| --- | --- |
| Pupil’s Full Name |  |
| Year Group |  | Effective From |  |

|  |
| --- |
| **LOWER KINDERGARTEN** **Please tick the preferred sessions requested (this must be a minimum of 3 sessions per week)** |
| **Mornings** | **Afternoons** |
| Monday |  | Monday |  |
| Tuesday |  | Tuesday |  |
| Wednesday |  | Wednesday |  |
| Thursday |  | Thursday |  |
| Friday |  | Friday |  |

|  |
| --- |
| **UPPER KINDERGARTEN** **Please tick the preferred sessions requested (this must be a minimum of 5 sessions per week)** |
| **Mornings** | **Afternoons** |
| Monday |  | Monday |  |
| Tuesday |  | Tuesday |  |
| Wednesday |  | Wednesday |  |
| Thursday |  | Thursday |  |
| Friday |  | Friday |  |

|  |
| --- |
| **LOWER KINDERGARTEN AND UPPER KINDERGARTEN LUNCHES (children to be collected at 1.00pm)****Please tick and provide any additional information if lunches are required** |
|  |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**We aim to provide the sessions requested but this cannot be guaranteed if places are already full, and all sessions are subject to availability at the time.**

**Please return this form to the School Office.**