Little Angels Fun Club & Nursery Ltd

**EXTRA SESSION REQUEST**

**(To be completed by parent/carer)**

|  |  |
| --- | --- |
| Name of child  |  |
| Current group |  |
| Dates of additional sessions |  |
| Total number of days  |  |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only:**

|  |  |
| --- | --- |
| Date request received: |  |
| Session authorised by: | **YES** | **NO** |
| Session was added to rotas if applicable by: |  |
| Numbers changed on time charts if applicable by:  |  |
| Session logged on software by: |  Date |
| Invoice sent to parents: | Date: |
| Invoice copied and filed by: |  |
| Invoice record sheet updated by: |  |

Little Angels Fun Club & Nursery Ltd

**EXTRA SESSION INVOICE**

**(To be completed by office)**

Name of child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice no: \_\_\_\_\_\_\_\_\_\_\_\_ *(see invoice file for number)*

|  |  |  |
| --- | --- | --- |
| Details  | Fees due | Balance due |
|  |  |  |

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make payment by cash or cheque within 7 days. Thank you.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_