



Godshill
Primary School

Griffins Nursery

Early Years Foundation Stage

CHALLENGE ACHIEVE RESPECT ENJOY

Booking Form – September 2023-2024

Please indicate below your requirements; we will endeavour to accommodate your needs. Fees must still be paid if children are absent for a short period of time. If your child has to be absent over a long period of time for reasons beyond your control, for example, during a lengthy illness, please talk to our manager.

All pre-school children aged 3 and 4 (and some 2-year-olds) are entitled to receive FREE childcare from the first term after their 3rd birthday. The current entitlement is up to a maximum of 15 hours per week [570 hours funding per year] per academic year. If your son/daughter is entitled to free funded sessions, please indicate below. We will require you to complete a funding agreement form to enable us to claim the free funding on your behalf. Please see the Welcome Prospectus for full details, this can be found on our website at www.godshillprimaryschool.co.uk or speak to a member of staff. If you have any queries regarding this, or need different hours, please chat to a member of the Griffins team.

Cost.	Morning session 3 hours 8.50am - 11.50am	Morning and lunch session 4 hours 8.50am – 12.50 am	Afternoon session 3 hours (Includes lunch session) 11.50 am–2.50 pm		Full Day
Per Session Per child. (£5.00 per hour)	£15.00	£20.00	£15.00		£30.00
Please tick required sessions	<i>Morning session</i>	<i>Morning and lunch session</i>	<i>Afternoon session</i>		<i>Full Day</i>
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Address: Godshill Primary School, School Road, Godshill, Isle of Wight PO38 3HJ **Ofsted URN:** 118159 **Telephone:** 01983 840246

School email: godshill@stenburyfederation.co.uk **Nursery email:** griffinspreschool@stenburyfederation **Website:** www.godshillprimaryschool.co.uk

facebook.com/godshillprimary.co.uk/ twitter.com/GodshillPrimary instagram.com/gods.hillprimary/



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Child's name.....Date of birth.....

Parent's name..... Date.....

My child is entitled to (delete as appropriate) 15/30 hours funding per week.

Code (if applicable).....

I agree to pay for all sessions booked for my child, over and above free sessions where applicable. Payment is due in advance.

Please bring your child's birth certificate when you register (New registrations only). Thank you.

Parent's signature.....

Email Address.....

Contact No.....