Pattern of Attendance

| Provider Name: St Wilfrid's Nursery | | | | | | | | | | |
|--|---------------|---------|------------------------|---|-------------------------|---------|---------|---|--|--|
| | | | | | | | | | | |
| Section 1: Child's Details | | | | | | | | | | |
| Legal Name: | | | Child's Date of Birth: | | | | | | | |
| Section 2: Pattern of Attend | ance | | | | | | | | | |
| This form is to collect your child's term to term you must notify the so | | | • | ar. If y | our ch | ild's h | ours ch | ange from | | |
| Term | 1 | | | | Hours Attending per Day | | | | | |
| Year | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total | | |
| Standard Funded Early Learning (including 2 year old FEL) | | | | | | | | | | |
| Extended Funded Early Learning (if eligible) | | | | | | | | | | |
| Parent/Carer Funded Childcare | | | | | | | | | | |
| Total | | | | | | | | | | |
| If your child is using more than of FEL/EFE can be taken at a maxim year. | • | | | • | | | | | | |
| Provider Name | | | | Standard / Universal FEL Hours per week | | | | Extended Hours per week (where eligible)* | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| TOTAL: | | | | | | | | | | |
| If your child is using more than one week of Standard / Universal Hour you MUST NOT exceed a total of | s. If your ch | nild is | eligible | | | | | | | |
| Parent Signature | | Prov | ider Sig | nature | . | | | | | |
| Date: | | | | | | | | | | |