

Invoice Deduction

kidsunlimited F19 Grant Refund

Nursery:

Child No:

Name of Child:

Sessions/Hours claimed:

Grant funding applicable to:

*Spring (January - April)

*Summer (May - August)

*Autumn (September - December)

*Please tick appropriate box

The equivalent of hours (FEF) claimed will be deducted from your invoice on a monthly basis.

Signed (Parent):

Date:

Signed (Nursery Manager):

Date: