

**Please return completed response sheet to the school office by MONDAY 20<sup>th</sup> MAY 2019**

Research indicates that at least two ‘sessions’ of funded early learning and childcare are beneficial for children. However, you do not have to take up all 5 days in any of the options, you can choose to take up as much or as little of the entitlement hours within the times offered in the model framework.

To help identify how the expansion of hours can best be phased in at Dunbar from January 2020 please indicate below your preferred option choice and days you would use this.

**Option 1:** 50 weeks x 4 ½ hours and I will use all 50 weeks

**Option 1a:** 50 weeks x 4 ½ hours and I will use 38 weeks term time only

	Please ✓ all days you will use	Monday	Tuesday	Wednesday	Thursday	Friday
AM	08:00-12:30					
PM	13:00 -17.30					

**Option 2:** 50 weeks x 4 ½ hours and I will use all 50 weeks

**Option 2a:** 50 weeks x 4 ½ hours and I will use 38 weeks term time only

	Please ✓ all days you will use	Monday	Tuesday	Wednesday	Thursday	Friday
AM	08:005-12:30					
PM	12:45 -17.15					

**Option 3:** 38 Week Model: I would use one of the models below during 38 weeks term time if available in one /two rooms. Please indicate one model\* and ✓ all days you will use

X*	Model	Times	Mon	Tues	Wed	Thurs	Fri
	Extended day	09.00 – 15.00					
	Asymmetric Week	M-Thurs 08.30 -15.00 Fri a.m. 08.30 – 12.30					

*Where demand exceeds places a criteria will be used to allocate places*

**Option 4:** All hours with..... (name of Funded Provider)

**Option 5:** Blended Model with .....(name of Funded Provider)

*If you use a local community play group or childminder for paid hours and interested in exploring the potential for a blended option **you should discuss this direct with the provider to find out if they wish to be part of this process** Please note that this option will only be possible they are willing to become a Funded Provider with East Lothian Council*

Child's Name..... Age..... , Date of Birth .....

Current Nursery class/funded provider (if applicable) .....

Your Name:..... Contact phone number:.....