



BOOKING FORM

Please complete a separate Booking Form for each child.

Full Name of child	Current Class

Booking for week commencing: _____

I would like this booking to commence from the above date and each week thereafter until further notice:

Yes

No

Please tick the sessions you would like you child to attend.

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Before School 7.45am to 8.15am					
After School Infant 3.10pm to 3.40pm					
After School Session A 3.10pm to 4.30pm					
After School Session B 3.10pm to 6.00pm					

Parent / Guardian name

Parent / Guardian Signature

Please inform the school office of any changes to the above booking as soon as possible.

Please return this form to the school office