

# 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
<b>Before School</b> 7.45am to 8.15am					
<b>After School Infant</b> 3.10pm to 3.40pm					
<b>After School Session A</b> 3.10pm to 4.30pm					
<b>After School Session B</b> 3.10pm to 6.00pm					

Parent / Guardian name

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Parent / Guardian Signature

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

Please return this form to the school office