|  |
| --- |
| **BOOKING IN FORM** |
|  |  |  |
|  |  |
|  |  |
| CHILDS NAMED.O.BParents email  |  |   |   |
| TERM (please circle) | Autumn | Spring  | Summer |
| DATE |  |  |  |
| From  |   |   |   |
| To  |   |  |   |
|  |  |  |  |
| Please tick sessions  |  |  |  |
|  | MORNING | LUNCH | AFTERNOON |
| MONDAY |   |   |   |
| TUESDAY |   |   |   |
| WEDNESDAY |   |   |   |
| THURSDAY |   |   |   |
| FRIDAY |   |   |   |
|   | Name | Signature |   |
| Parent/Carer |   |   |   |
| Booking Confirmed | Pre-School Manager |   |   |
|  |  |  |  |