|  |  |  |  |
| --- | --- | --- | --- |
| **BOOKING IN FORM** | | | |
|  |  | |  |
|  |  |
|  |  |
| CHILDS NAME  D.O.B  Parents 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 |  |  |
|  |  |  |  |