**Session Request Form**

Please complete this form if you would like to book your child in for either a one-off extra session or an ongoing change to sessions and hand it or email it to the office.

We will get back to you as soon as possible with confirmation of place or to discuss availability.

**…………………………………………………………………………………………………..**

**Child’s Name:**

**One-off Extra**

I would like my child to attend an extra session on:

**Ongoing Change to Sessions**

With effect from (date):

I would like my child to attend the following sessions:

(Please put an ‘X’ in all appropriate boxes)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning 9.15am – 11.45am |  |  |  |  |  |
| Lunch 11.45am-12.30pm |  |  |  |  |  |
| Afternoon 12.30pm– 3.00pm |  |  |  |  |  |

I am flexible about which sessions my child will attend:

If the session is currently full, I would like my child to be added to the waiting list:

Any other information:

Parent’s Name:

Date:

(For Office use) Funded To be invoiced