Name of child(ren):

Parent name: Email:

Please tick the boxes below for the sessions you require

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

£4.50 per child, per session. Contract, Medical Form and Registration Form must be in place.

Signed………………………………………………………………….. Date…………………………………………………….

Refunds/credits cannot be given for cancelled sessions.