**Child’s Name:**

**Room:**

|  |  |
| --- | --- |
| **Day & Date** | **AM / PM / Full Day** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Please note: If you are offered the requested session(s) and accept the place please be aware you will still be charged for the session if you do not give 48hrs notice of a cancellation.**

**Signature: Date:**

**Please sign and return to Reception. Thank you.**