



## CHANGE/CANCELLATION OF SESSION FORM

### CHILDS DETAILS

Childs Name	Class	Date of Birth
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### PARENTS / CARERS DETAILS

**(Please ensure at least one contact is completed)**

Name			Name		
Address			Address		
Postcode			Postcode		
Tel. No.	Home		Tel. No.	Home	
Tel. No.	Work		Tel. No.	Work	
Tel. No.	Mobile		Tel. No.	Mobile	
Email			Email		

**Please complete below**

**BOOKING CHANGES** - Please tick your existing sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
After school					

**BOOKING CHANGES – NEW REQUIRED DAILY USE** - Please tick new sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
After school					

**I wish to Cancel all Current Sessions**

**BOOKING CHANGES – EFFECTIVE DATE – \_\_\_\_\_**  
**(1 month notice required for cancellation of sessions)**

**Where sessions are not immediately available you will be placed on the waiting list**

*The information contained in this form is confidential and will only be used to allocate sessions. A copy will be kept on file for future reference.*

**Signature of Parent/Carer:** .....

**Date:** .....