



Flexible Attendance Request Form 2018

Session Information

Am 07:30-08:55 @ £7.30
 530 pm 15:15-17:30 @ £9.75
 630 pm 15:15-18:30 @ £10.75

Child's Name: _____ Month: _____

Flexible bookings are subject to availability. To ensure we have sufficient time to accommodate your request, please submit your form 7 days before the start of the month.

We will confirm your booking through family as soon as possible. You will then receive an invoice which is payable immediately.

	Monday			Tuesday			Wednesday			Thursday			Friday		
Week com:	AM	530	630	AM	530	630	AM	530	630	AM	530	630	AM	530	630

	Monday			Tuesday			Wednesday			Thursday			Friday		
Week com:	AM	530	630	AM	530	630	AM	530	630	AM	530	630	AM	530	630

	Monday			Tuesday			Wednesday			Thursday			Friday		
Week com:	AM	530	630	AM	530	630	AM	530	630	AM	530	630	AM	530	630

	Monday			Tuesday			Wednesday			Thursday			Friday		
Week com:	AM	530	630	AM	530	630	AM	530	630	AM	530	630	AM	530	630

	Monday			Tuesday			Wednesday			Thursday			Friday		
Week com:	AM	530	630	AM	530	630	AM	530	630	AM	530	630	AM	530	630

Condition Apply:

1. Please note that fees are payable for all booked sessions, regardless of whether or not your child attends.
2. A 10% discount is available, for the second sibling, where two or more siblings attend the same session.
3. Payments are due at time of confirmation of booking.

I agree to the above terms and conditions.

Signed Parent/ Carer _____ Date _____

Request completed by: _____