

Session Agreed: Yes / No

Date Agreed: _____

Staff Signature: _____



Extra Session(s) Form

(Please use this form if you wish to book any extra sessions)

Child's Name: _____

Requested Additional Sessions:

Please circle the extra sessions that you would like to book.

	Mon	Tues	Wed	Thurs	Fri
Morning	8 – 12	8 - 12	8 - 12	8 – 12	8 – 12
Afternoon	12 – 4	12 - 4	12 - 4	12 – 4	12 – 4
All Day	8 - 4	8 - 4	8 - 4	8 – 4	8 - 4

I understand that the above requested session is payable at least 24 hours in advance and cannot be swapped or exchanged for a usual booked session.

Parent/Carer signature: _____ Date: _____