September 2019

Dear parents,

Please complete the form below to book sessions for your child in September 2019.

Please tick the time you would like to start and finish.

Child’s name……………………………………………………………………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8.30 |  |  |  |  |  |
| 9am |  |  |  |  |  |
| 12pm |  |  |  |  |  |
| 1pm |  |  |  |  |  |
| 3pm |  |  |  |  |  |
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