

Pre-School booking form

Term – Autumn/Spring/Summer

Child's Name.....Date.....

Please confirm which sessions your child will be attending each week for the appropriate term.

Monday	AM	Lunch	PM
Tuesday	AM	Lunch	PM
Wednesday	AM	Lunch	PM
Thursday	AM	Lunch	PM
Friday	AM	Lunch	

Please circle the sessions that are relevant and return the form to the school office.

Signedparent/carer

Please note that once you have chosen your sessions it cannot be changed except in extreme circumstances.

Please return to office@roxton.school

Thank you