



Wraparound care at Holy Trinity

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**Regular Booking Form 2020/21**

Child's Name		BAC reference number (if known)	
Class Name			

*I require the following sessions at The Hive:*

	MON	TUES	WEDS	THURS	FRI
AM Session					
PM Session 1					
PM Session 2					

*I understand that I will receive an invoice half-termly in advance for the sessions above. Should I wish to cancel the above places at The Hive, I understand I must provide 6 weeks written notice.*

Signed	
Dated	