

FLADBURY FIRST SCHOOL WRAPAROUND CARE

Request to book a *one-off* extra session

Name of Child.....

*I would like to book the following extra sessions:

Date:.....AM/PM.....

Date:.....AM/PM.....

Date:.....AM/PM.....

I understand that my child's attendance on this date(s) is subject to availability. If approved, I understand that the charge for the session(s) will be added to my next invoice.

Signature of Parent/Carer.....Date:

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