



Wraparound care at Holy Trinity

Club Contact Number: 07851 090 918



Email: wraparoundcare@htp.tamat.org.uk

Regular Booking Form

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	