

## REQUEST TO CHANGE KELSALL CLUB BOOKING

Pupil Name:	Year Group:
Date from:	Date to:

Please tell us when your child will attend Kelsall Club (please tick)					
Breakfast Club	Monday	Tuesday	Wednesday	Thursday	Friday
After-School Session 1	Monday	Tuesday	Wednesday	Thursday	Friday
After-School Session 2	Monday	Tuesday	Wednesday	Thursday	Friday

Payment Method, to be made monthly in advance (please tick)	
Early years entitlement	
Tax free child care	
Child care vouchers (name of provider)	
Privately funded via ParentPay	

Signature:	Print Name:	Date:
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