

HARPOLE PRE-SCHOOL SESSION REQUEST FORM

Childs Name:..... DOB:

Parents Name:

Address:

.....

Telephone:

I would like my child to attend the sessions I have indicated below for the academic year September 14-15.

Session Request (9-12pm)

Monday	Tuesday	Wednesday	Thursday	Friday
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Lunch Club (12pm-1pm)

Monday	Tuesday	Wednesday	Thursday	Friday
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Preferred start date: (MM/YY)

I understand that the above is not guaranteed until I receive written notification from the pre-school.

Signed: Date: