*‘For Learning That Lasts A Lifetime’*

**Childcare Service - Booking Form**

Please tick against which days and sessions your **need** your child to attend the Childcare Service and return to the school urgently by email to officemanager@st-margarets-dover.kent.sch.uk

Name of Child ……………………………………..………………… Year ………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week 1** |  | Tick or X which sessions your child will be attending | | |
| **Day of the Week** | **Date** | 8:45am to 12noon | 12noon to 1pm  (Lunchtime) | 1pm to 3:15pm |
| Monday | 23rd March 2020 |  |  |  |
| Tuesday | 24th March 2020 |  |  |  |
| Wednesday | 25th March 2020 |  |  |  |
| Thursday | 26th March 2020 |  |  |  |
| Friday | 27th March 2020 |  |  |  |

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| --- | --- | --- | --- | --- |
| **Week 2** |  | Tick or X which sessions your child will be attending | | |
| **Day of the Week** | **Date** | 8:45am to 12noon | 12noon to 1pm  (Lunchtime) | 1pm to 3:15pm |
| Monday | 30th March 2020 |  |  |  |
| Tuesday | 31st March 2020 |  |  |  |
| Wednesday | 1st April 2020 |  |  |  |