



# 'THE DEN' CHANGE OF SESSIONS REQUEST FORM

Please complete and return to The Den.

Child's Name..... Class .....

## REQUEST FOR ADDITIONAL SESSIONS

I would like to book my child in to The Den for **ADDITIONAL** sessions each week as indicated in the table below\*.

I understand that should I later wish to reduce or cancel sessions I will need to give half a term's notice in writing. I have read and accept the information/conditions and understand that you will invoice me and that fees are payable in advance.

*\*Any requests for additional sessions will **not** automatically mean that a place in the new session(s) is guaranteed; requests for additional sessions will be confirmed when spaces in those sessions become available. If necessary, you will be notified that your child has been placed on a waiting list until a place in the required session(s) becomes available.*

I wish to book the following **ADDITIONAL** sessions for my child to start from the following date:  
\_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school 7:45am - 8:45am	ADD <input type="checkbox"/>	ADD <input type="checkbox"/>	ADD <input type="checkbox"/>	ADD <input type="checkbox"/>	ADD <input type="checkbox"/>
After school 3:30pm – 6:00pm latest	ADD <input type="checkbox"/>	ADD <input type="checkbox"/>	ADD <input type="checkbox"/>	ADD <input type="checkbox"/>	ADD <input type="checkbox"/>

PLEASE TICK THE BOXES FOR THE **ADDITIONAL** SESSIONS THAT YOU REQUIRE

## REQUEST FOR REDUCTION IN SESSIONS

I would like to reduce my child's sessions in The Den by **REMOVING** the sessions indicated in the table below.

I understand that should I wish to reduce or cancel sessions I am required to give half a term's notice in writing and understand that completion of this form within the required timescale is sufficient. I have read and accept the information/conditions and understand that you will invoice me and that fees are payable in advance.

I wish to **REMOVE** the following sessions for my child with effect from the following date:  
\_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school 7:45am - 8:45am	REMOVE <input type="checkbox"/>	REMOVE <input type="checkbox"/>	REMOVE <input type="checkbox"/>	REMOVE <input type="checkbox"/>	REMOVE <input type="checkbox"/>
After school 3:30pm – 6:00pm latest	REMOVE <input type="checkbox"/>	REMOVE <input type="checkbox"/>	REMOVE <input type="checkbox"/>	REMOVE <input type="checkbox"/>	REMOVE <input type="checkbox"/>

PLEASE TICK THE BOXES FOR THE SESSIONS THAT YOU WOULD LIKE TO **REMOVE**

Signed ..... Print name ..... Date.....  
(Parent/Guardian)