

Booking Form

Yes, I / we will be attending the session on Saturday 10th March (venue to be confirmed)

|  |  |
| --- | --- |
| Name (s): |  |
| Address: |  |
| Phone number: |  |
| Email: |  |

I would like to book a childcare place for the following children aged between 5 and 18:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child (ren): |  | Age : |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| I would like to be reimbursed for the cost of providing additional professional childcare at home to enable me/us to attend the session (please tick if applicable) |  |
| Name of childcare provider |  |

Please return this form by e-mail to info@pcankirklees.org

Important:

**If you wish to book childcare, this form must be returned by Friday March 2nd**