HOME HUB BOOKING REQUEST – SUMMER HALF TERM 2020

Name of child/ children: _____

Class / Clas	sses:			_	
Please tick:	:				
Week	Monday	Tuesday	Wednesday	Thursday	Friday
Beginning					
20 th April					
27 th April					
4 th May				CLOSED	CLOSED
11 th May					
18 th May					
Signed:	(Parents/carer) Date:				











