

**BEE ACTIVE BOOKING FORM**



Please fill out the Booking form Below/ upon Receipt we will invoice you with the company payment details. Many thanks for your valued custom Chantel and Ruth @ BEE ACTIVE.

Name		
Age now / Date of birth/		
Address		
Method of Communication / verbal / nonverbal / sign /visuals/		
Any medical requirements or ALLERGIES (please continue on second page if necessary)		
Please Highlight provision required Below		
Saturday mainstream club (sessions)		
Saturday SEN Club (sessions)		
Holiday Mainstream club	half day / Full day	1/2/3/days
Holiday SEN club	half Day /full Day	1/2 /3 days

**Please tick holidays required and add the dates**

<b>March 2024 and onwards to request a date, and we will confirm all available dates upon request,</b>

**Saturdays and school holidays (28<sup>th</sup> March to 14<sup>th</sup> April)**

**May (Half Term) 2024 7<sup>th</sup>/28<sup>th</sup>/29<sup>th</sup>/30<sup>th</sup>/31<sup>st</sup>**

**July – September (summer) 25<sup>th</sup> July until 25<sup>th</sup> August**

Please fill in information below:

Independent / 1:1 support / 2:1 support

All about my child.

Personal care requirements.

Dietary requirements.

