

OUT OF SCHOOLS BOOKING FORM NOVEMBER 2017

Bookings will not be accepted without a completed Booking Form and Payment. Please only complete the information required in red, unless there are any changes to details.

Childs Name:					
Age:			Date of Birth:	/	/
School attended:					
Address:					
Tel No:			Mobile No:		
Emergency Contact Name & Tel No:	1)			2)	
Childcare Voucher Provider:					
GP's Name, Address & Contact number:					
My child will be collected by					

Please inform the Centre of any special requirements your child may have e.g. Special Diet, Disability, Allergies etc

Week 1	Mon	Tue	Wed 1 ST	Thu 2 ND	Fri 3 RD
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 2	Mon 6 TH	Tue 7 TH	Wed 8 TH	Thu 9 TH	Fri 10 TH
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 3	Mon	Tue	Wed 15 th	Thu 16 th	Fri 17 th
Breakfast Club 7am – 9am	In-Service Day	In-Service Day			
After School Club 3pm – 6pm					
Total					

Week 4	Mon 20 th	Tue 21 st	Wed 22 nd	Thu 23 rd	Fri 24 th
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 5	Mon 27 th	Tue 28 th	Wed 29 th	Thu 30 th	Fri
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Parent / Carers Signature: _____

Date: _____

Breakfast Club - £7.00	After Schools Club - £8.50
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For Office Use Only

PAYMENT METHOD: Cash/Chq/CC/CCV

Amount:

Staff Signature _____

Date: _____

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Checked by _____

Date: _____

OUT OF SCHOOLS BOOKING FORM DECEMBER 2017

Bookings will not be accepted without a completed Booking Form and Payment. Please only complete the information required in red, unless there are any changes to details.

Childs Name:			
Age:		Date of Birth:	/ /
School attended:			
Address:			
Tel No:		Mobile No:	
Emergency Contact Name & Tel No:	1)	2)	3)
Childcare Voucher Provider:			
GP's Name, Address & Contact number:			
My child will be collected by			

Please inform the Centre of any special requirements your child may have e.g. Special Diet, Disability, Allergies etc

Week 1	Mon	Tue	Wed	Thu	Fri 1 ST
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 2	Mon 4 TH	Tue 5 TH	Wed 6 TH	Thu 7 TH	Fri 8 TH
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 3	Mon 11 TH	Tue 12 TH	Wed 13 TH	Thu 14 TH	Fri 15 TH
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 4	Mon 18 TH	Tue 19 TH	Wed 20 TH	Thu 21 ST	Fri 22 ND
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 5	Mon	Tue	Wed	Thu	Fri
Breakfast Club 7am – 9am	SCHOOL HOLIDAYS				
After School Club 3pm – 6pm					
Total					

Parent / Carers Signature: _____

Date: _____

Breakfast Club - £7.00	After Schools Club - £8.50
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For Office Use Only

PAYMENT METHOD: Cash/Chq/CC/CCV

Amount: £

Staff Signature _____ **Date:** _____

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Checked by _____ **Date:** _____

OUT OF SCHOOLS BOOKING FORM JANUARY 2018

Bookings will not be accepted without a completed Booking Form and Payment. Please only complete the information required in **red**, unless there are any changes to details.

Childs Name:					
Age:		Date of Birth:	/	/	
School attended:					
Address:					
Tel No:			Mobile No:		
Emergency Contact Name & Tel No:	1)	2)		3)	
Childcare Voucher Provider:					
GP's Name, Address & Contact number:					
My child will be collected by					

Please inform the Centre of any special requirements your child may have e.g. Special Diet, Disability, Allergies etc

Week 1	Mon 1 ST	Tue 2 ND	Wed 3 RD	Thu 4 TH	Fri 5 TH
Breakfast Club 7am – 9am	SCHOOL HOLIDAYS				
After School Club 3pm – 6pm					
Total					

Week 2	Mon 8 TH	Tue 9 TH	Wed 10 TH	Thu 11 TH	Fri 12 TH
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 3	Mon 15 TH	Tue 16 TH	Wed 17 TH	Thu 18 TH	Fri 19 TH
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 4	Mon 22 ND	Tue 23 RD	Wed 24 TH	Thu 25 TH	Fri 26 TH
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 5	Mon 29 TH	Tue 30 TH	Wed 31 ST	Thu	Fri
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Parent / Carers Signature: _____

Date: _____

Breakfast Club - £7.00	After Schools Club - £8.50
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For Office Use Only

PAYMENTMETHOD: Cash/Chq/CC/CCV

Amount: £

Staff Signature _____

Date: _____

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Checked by _____

Date: _____

OUT OF SCHOOLS BOOKING FORM FEBRUARY 2018

Bookings will not be accepted without a completed Booking Form and Payment. Please only complete the information required in **red**, unless there are any changes to details.

Childs Name:					
Age:		Date of Birth:	/	/	
School attended:					
Address:					
Tel No:			Mobile No:		
Emergency Contact Name & Tel No:	1)	2)		3)	
Childcare Voucher Provider:					
GP's Name, Address & Contact number:					
My child will be collected by					

Please inform the Centre of any special requirements your child may have e.g. Special Diet, Disability, Allergies etc

Week 1	Mon	Tue	Wed	Thu 1 ST	Fri 2 ND
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 2	Mon 5 TH	Tue 6 TH	Wed 7 TH	Thu 8 TH	Fri 9 TH
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 3	Mon 12 TH	Tue 13 TH	Wed 14 TH	Thu 15 TH	Fri 16 TH
Breakfast Club 7am – 9am		In-Service Days			
After School Club 3pm – 6pm					
Total					

Week 4	Mon 19 TH	Tue 20 TH	Wed 21 ST	Thu 22 ND	Fri 23 RD
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 5	Mon 26 TH	Tue 27 TH	Wed 28 TH	Thu	Fri
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Parent / Carers Signature: _____

Date: _____

Breakfast Club - £7.00	After Schools Club - £8.50
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For Office Use Only

PAYMENT METHOD: Cash/Chq/CC/CCV

Amount: £

Staff Signature _____

Date: _____

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Checked by _____

Date: _____

OUT OF SCHOOLS BOOKING FORM MARCH 2018

Bookings will not be accepted without a completed Booking Form and Payment. Please only complete the information required in red, unless there are any changes to details.

Childs Name:					
Age:			Date of Birth:	/	/
School attended:					
Address:					
Tel No:			Mobile No:		
Emergency Contact Name & Tel No:	1)	2)		3)	
Childcare Voucher Provider:					
GP's Name, Address & Contact number:					
My child will be collected by					

Please inform the Centre of any special requirements your child may have e.g. Special Diet, Disability, Allergies etc

Week 1	Mon	Tue	Wed	Thu 1 ST	Fri 2 ND
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 2	Mon 5 TH	Tue 6 TH	Wed 7 TH	Thu 8 TH	Fri 9 TH
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 3	Mon 12 TH	Tue 13 TH	Wed 14 TH	Thu 15 TH	Fri 16 TH
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 4	Mon 19 TH	Tue 20 TH	Wed 21 ST	Thu 22 ND	Fri 23 RD
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 5	Mon 26 TH	Tue 27 TH	Wed 28 TH	Thu 29 TH	Fri 30 TH
Breakfast Club 7am – 9am					HOL
After School Club 3pm – 6pm					HOL
Total					HOL

Parent / Carers Signature: _____

Date: _____

Breakfast Club - £7.00	After Schools Club - £8.50
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For Office Use Only

PAYMENT METHOD: Cash/Chq/CC/CCV

Amount: £

Staff Signature _____

Date: _____

Scanned

Photocopied

Checked by _____

Date: _____