

OUT OF SCHOOLS BOOKING FORM - APRIL 2019

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	School holidays				
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					In Service
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	Thu	Fri
Breakfast Club 7am – 9am			In Service		
After School Club 3pm – 6pm					
Total					

Parent / Carers Signature: _____

Date: _____

Breakfast Club - £7.00	After Schools Club - £9.00
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For Office Use Only

PAYMENT METHOD: Cash/Chq/CC/CCV Amount: £

Staff Signature _____ Date: _____

Scanned Photocopied

Checked by _____ Date: _____

