

<u>Childs Name:</u>	<u>PAYMENT-METHOD:</u> Cash/Chq/CC/CCV
<u>Age:</u>	<u>Voucher Provider:</u>
<u>School:</u>	
<u>Will be collected by:</u>	

Booking Form Information

- Please only tick the days/ sessions that you require. This is to ensure your child is booked in for the correct session
- All Fees must be paid in **ADVANCE**
- Booking forms must be kept up to date **Please see back of the form and input changes Such as Address, Allergies & Medical Information.** We must have up to date information regarding the child.
- You must give a FULL 48 Hours’ notice to transfer any sessions – The cancellation text number is 07340641537, BOOKINGS ARE NON-REFUNDABLE but can be transferred.
- Care Inspectorate Number – CS2004071741

Term 4

<u>Week Beginning</u>	<u>Monday</u>		<u>Tuesday</u>		<u>Wednesday</u>		<u>Thursday</u>		<u>Friday</u>		<u>Amount</u>
	<u>AM</u> £8	<u>PM</u> £10	<u>AM</u> £8	<u>PM</u> £10	<u>AM</u> £8	<u>PM</u> £10	<u>AM</u> £8	<u>PM</u> £10	<u>AM</u> £8	<u>PM</u> £10	£
MAY											
01.05.20									1 st	1 st	£
04.05.20	4 th	4 th	5 th	5 th	6 th	6 th	7 th	7 th	OFF		£
11.05.20	11 th	11 th	12 th	12 th	13 th	13 th	14 th	14 th	15 th	15 th	£
18.05.20	18 th	18 th	19 th	19 th	20 th	20 th	21 st	21 st	22 nd	22 nd	£
25.05.20	25 th	25 th	26 th	26 th	27 th	27 th	28 th	28 th	29 th	29 th	£
JUNE & JULY											
01.06.20	OFF		2 nd	2 nd	3 rd	3 rd	4 th	4 th	5 th	5 th	£
08.06.20	8 th	8 th	9 th	9 th	10 th	10 th	11 th	11 th	12 th	12 th	£
15.06.20	15 th	15 th	16 th	16 th	17 th	17 th	18 th	18 th	19 th	19 th	£
22.06.20	22 nd	22 nd	23 rd	23 rd	24 th	24 th	25 th	25 th	26 th	26 th	£
29.06.20	29 th	29 th	30 th	30 th	1 st	1 st	2 nd	2 nd	3 rd	3 rd	£

Parent / Carer Signature:	Date:
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Please write below any new details or changes.

For office use

Signature..... Date

Checked BY..... Date

Parents Aware of Waiting list

Bus Charge Amount

Voucher Payment