

Bookings will not be accepted without a completed Registration Form and the month coming is paid. 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 1 st	Thu 2 nd	Fri 3 rd
Breakfast Club 7am – 9am	SCHOOL HOLIDAYS				
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 13 th	Tue 14 th	Wed 15 th	Thu 16 th	Fri 17 th
Breakfast Club 7am – 9am					
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 31 st
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Parent / Carers Signature:

Date:

Breakfast Club - £8.00	After Schools Club - £10.00
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For Office Use Only

PAYMENTMETHOD:

Cash/Chq/CC/CCV

AMOUNT/BUS CHARGE

£

Staff Signature

Date: _____

Spreadsheets/paid

	<i>Parent aware of waiting list?</i>	
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Checked by

Date: _____