

OUT OF SCHOOLS BOOKING FORM

JANUARY 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 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	2 nd	3 rd	4 th
Breakfast Club 7am 9am	SCHOOL HOLIDAYS				
After School Club 3pm 6pm					
Total					

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

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

Week 4	Mon	Tue	Wed	Thu	Fri
	21 st	22 nd	23 rd	24 th	25 th
Breakfast Club 7am 9am					
After School Club 3pm 6pm					
Total					

Week 5	Mon	Tue	Wed	Thu	Fri
	28 th	29 th	30 th	31 st	
Breakfast Club 7am 9am					
After School Club 3pm 6pm					
Total					

Parent / Carers Signature:

(Typed signatures cannot be accepted)

Date:

Breakfast Club - £7.00

After Schools Club - £9.00

For Office Use Only

PAYMENT METHOD:

Cash/Chq/CC/CCV

Amount:

£

Staff Signature

Date:

Scanned

Photocopied

Checked by

Date: