

OUT OF SCHOOLS BOOKING FORM AUGUST 2018

Bookings will	not be d	accept					orm and Payment. Ple e any changes to de		y comple	ete the i	informa [.]	tion	
Childs Name: Age:	Date of Birth: / /												
School attended													
Address:													
Tel No:							Mobile N	Mobile No:					
Emergency Conto		1)			2)	•	3)						
Name & Tel No													
ChildcareVoucher GP's Name,													
Contact number:	Address	. α											
My child will be		•											
Please inform t	the Cent	tre of	any speci	ial requi	rements	s your chil	ld may have e.g. Spe	cial Die	t, Disal	bility, A	llergies	etc	
Week 1	Mon	Tue	Wed	Thu	Fri		Week 2	Mon	Tue	Wed	Thu	Fri	
Breakfast Club 7am - 9am							Breakfast Club 7am - 9am						
After School	HOLIDAYS				After School	SCHOOL HOLIDAYS							
Club					Club								
3pm - 6pm												3pm - 6pm	
Total							Total						
	Mon Tue Wed Thu Fri					7		Mon	Tue	Wed	Thu	Fri	
Week 3	MON	Tue	wed	1 riu	Fri	-	Week 4	20 th	21st	22 nd	23 rd	24 th	
Breakfast Club							Breakfast Club						
7am - 9am							7am - 9am	SERVI <i>C</i> E DAY					
After School	SCHOOLHOLIDAYS						After School	SERV DAY					
Club 3pm - 6pm	Club						Club 3pm - 6pm	1					
Total							Total	Ż					
										1		ı	
Week 5	Mon Tue Wed Thu				Fri								
	27 TH	28 TH	29 TH	30 th	31st	4	Parent / Carers Signature:						
Breakfast Club 7am - 9am													
After School						1	Date:						
Club													
3pm - 6pm													
Total	D I.£ .	-+ 01	67.0	^			461	c . l l .	ا ا	60.00			
Breakfast Club - £7.00 For Office Use Only							Atter S	Schools	CIUD -	E9.00			
PAVMENTMETHOD:									Amou	nt: £			
Staff Signature Cash/Chq/CC/CC								Date:					
Scanned Scanned	Pho	tocopied	,			_ Daie.							
Checked by						<u>-</u>		Date:					