

**OUT OF SCHOOLS BOOKING FORM
OCTOBER 2018**

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	Tue	Wed	Thu	Fri
	1 st	2 nd	3 rd	4 th	5 th
Breakfast Club 7am - 9am					
After School Club 3pm - 6pm					
Total					

Week 2	Mon	Tue	Wed	Thu	Fri
	8 th	9 th	10 th	11 th	12 th
Breakfast Club 7am - 9am					
After School Club 3pm - 6pm					
Total					

Week 3	Mon	Tue	Wed	Thu	Fri
Breakfast Club 7am - 9am	SCHOOL HOLIDAYS				
After School Club 3pm - 6pm					
Total					

Week 4	Mon	Tue	Wed	Thu	Fri
Breakfast Club 7am - 9am	SCHOOL HOLIDAYS				
After School Club 3pm - 6pm					
Total					

Week 5	Mon	Tue	Wed	Thu	Fri
	29 th	30 th	31 st		
Breakfast Club 7am - 9am					
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:** _____