

OUT OF SCHOOLS BOOKING FORM SEPTEMBER 2018

Bookings will not be accepted without a completed Booking Form and Payment. Please only complete the information

	noi de a	ccepie			•	_	orm and rayment. Fie re any changes to det		y comple	ie ine	ini orma	i ion	
Childs Name:													
Age:		_					Date of Birtl	h:	/	/			
School attended:													
Address:													
Tel No:							Mobile No	o:					
			1)										
									3)				
Name & Tel No:													
		_											
ChildcareVoucher	r Provide	r:											
GP's Name, Address &													
Contact number:		-											
My child will be	collected	d by											
			nv speci	al requi	romonto	your chi	ild may have e.g. Spe	cial Dia	+ Disal	sility A	llengies	etc	
Week 1	Mon	Tue	Wed	Thu	Fri	Jour Citi		Mon	Tue	Wed	Thu	Fri	
	3 rd	4 th	5 th	6 th	7 th	1	Week 2	10 th	11 th	12 th	13 th	14 th	
Breakfast Club						1	Breakfast Club						
7am - 9am							7am - 9am						
After School							After School						
Club							Club						
3pm - 6pm Total							3pm - 6pm Total						
Total					J	Total							
Week 3	Mon	Tue	Wed	Thu	Fri	1	\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	Mon	Tue	Wed	Thu	Fri	
	17 th	18 th	19 th	20 th	21 st		Week 4	24 th	25 th	26 th	27 th	28 th	
Breakfast Club							Breakfast Club						
7am - 9am						_	7am - 9am						
After School Club							After School Club						
3pm - 6pm							3pm - 6pm						
Total							Total						
			1			J			I	l	1		
							Parent / Carers Signature:						
	Date:												
Breakfast Club - £7.00							After Schools Club - £9.00						
For Office								J. 15 515					
PAYMENTMETHOD: Cash/Chq/CC/CCV									Amour	ıt: £			
Staff Sign	•				Date:								
Scanned			Phot	rocopied	,								
Checked by							Date:						
								_					