

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: School attended: Address: Tel No: Emergency Contact Name & Tel No: Childcare Voucher Provider: GP's Name, Address & Contact number My child will be collected by			Date of Birth: / /		
			Mobile No:		
	1)		2)		3)

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
		1st	2nd	3rd	4th
Breakfast Club 7am - 9am					
After School Club 3pm - 6pm					
Total					

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

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

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

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

Parent / Carers Signature:

(typed signatures will not be accepted)

Date:

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

PAYMENT METHOD: *Cash/Chq/CC/CCV* **Amount:** £

Staff Signature _____ Date: _____

Scanned Spreadsheet/Paid

Checked by _____ Date: _____