

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
	2nd	3rd	4th	5th	6th
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 2	Mon	Tue	Wed	Thu	Fri
	9th	10th	11th	12th	13th
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 3	Mon	Tue	Wed	Thu	Fri
	16th	17th	18th	19th	20th
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

Week 4	Mon	Tue	Wed	Thu	Fri
	23rd	24th	25th	26th	27th
Breakfast Club 7am – 9am					
After School Club 3pm – 6pm					
Total					

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

Parent / Carers Signature: _____

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:** _____