

Childs Name:

PAYMENT-METHOD: Cash / CC / C VOUCH

Age:

Voucher Provider:

School Attended:

SUNCREAM Y / N

Will be collected by:

FACEPAINT Y / N

Booking Form Information

- Please only tick the days/ Sessions that you require This is to ensure your child is booked in for the correct session
- All Fees must be paid in **ADVANCE**
- Booking forms must be kept up to date **Please see the back of the form and input changes Such as Address, Allergies & Medical Information.** We must have up to date information regarding the child.
- You Must Give a FULL 48 Hours' notice to transfer any sessions – The cancelation text number is 07340641537, BOOKINGS ARE NON-REFUNDABLE but can be transferred.
- Care Inspectorate Number – CS2004071741

Term 1

Week Beginning	Monday		Tuesday		Wednesday		Thursday		Friday		Amount
	AM £10	PM £12	AM £10	PM £12	AM £10	PM £12	AM £10	PM £12	AM £10	PM £12	
AUGUST / SEPTEMBER											
22.08.22	Holiday		23 rd	23 rd	24 th	24 th	25 th	25 th	26 th	26 th	£
29.08.22	29 TH	29 TH	30 TH	30 TH	31 ST	31 ST	1 ST	1 ST	2 ND	2 ND	£
SEPTEMBER											
05.09.22	5 TH	5 TH	6 TH	6 TH	7 TH	7 TH	8 TH	8 TH	9 TH	9 TH	£
12.09.22	12 TH	12 TH	13 TH	13 TH	14 TH	14 TH	15 TH	15 TH	16 TH	16 TH	£
19.09.22	19 TH	19 TH	20 TH	20 TH	21 ST	21 ST	22 ND	22 ND	23 RD	23 RD	£
26.09.22	26 TH	26 TH	27 TH	27 TH	28 TH	28 TH	29 TH	29 TH	30 TH	30 TH	£
OCTOBER											
03.10.22	3 RD	3 RD	4 TH	4 TH	5 TH	5 TH	6 TH	6 TH	7 TH	7 TH	£
10.10.22	10 TH	10 TH	11 TH	11 TH	12 TH	12 TH	13 TH	13 TH	14 TH	14 TH	£

Parent / Carer Signature:

Date:

Please write below any new details or changes.

For office use

Signature..... Date

Checked BY..... Date

Parents aware of waiting list

Bus charge amount

Voucher payment