

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
- 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/ credit any sessions, **BOOKINGS ARE NON-CASH REFUNDABLE** but can be added to the account.
- Cancellations must be made by **TEXT** or **EMAIL**, the cancelation text number is 07340641537 (please do not call this number as it is text only)
- Care Inspectorate registration – CS2004071741

Term 1

Week Beginning	Monday		Tuesday		Wednesday		Thursday		Friday		Amount
	AM £12	PM £15	AM £12	PM £15	AM £12	PM £15	AM £12	PM £15	AM £12	PM £15	
August											
18.08.25	OFF				20 th	20 th	21 st	21 st	22 nd	22 nd	£
25.08.25	25 th	25 th	26 th	26 th	27 th	27 th	28 th	28 th	29 th	29 th	£
September/October											
01.09.25	1 st	1 st	2 nd	2 nd	3 rd	3 rd	4 th	4 th	5 th	5 th	£
08.09.25	8 th	8 th	9 th	9 th	10 th	10 th	11 th	11 th	12 th	12 th	£
15.09.25	15 th	15 th	16 th	16 th	17 th	17 th	18 th	18 th	19 th	19 th	£
22.09.25	22 nd	22 nd	23 rd	23 rd	24 th	24 th	25 th	25 th	26 th	26 th	£
29.09.25	29 th	29 th	30 th	30 th	1 st	1 st	2 nd	2 nd	3 rd	3 rd	£
06.10.25	6 th	6 th	7 th	7 th	8 th	8 th	9 th	9 th	10 th	10 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

☐