

<u>Childs Name:</u>	<u>PAYMENT-METHOD:</u> Cash / CC / C VOUCH
<u>Age:</u>	<u>Voucher Provider:</u>
<u>School Attended:</u>	<u>SUNCREAM</u> Y / N
<u>Will be collected by:</u>	<u>FACEPAINT</u> 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.
- The cancelation text number is 07340641537 (please do not call this number as it is text only)
- Care Inspectorate registration – CS2004071741

Term 2

Week Beginning	Monday		Tuesday		Wednesday		Thursday		Friday		Amount
	AM £12	PM £15									
<u>October / November</u>											
28-10-24	28 th	28 th	29 th	29 th	30 th	30 th	31 st	31 st	1 st	1 st	£
4-11-24	4 th	4 th	5 th	5 th	6 th	6 th	7 th	7 th	8 th	8 th	£
<u>November</u>											
11-11-24	11 th	11 th	12 th	12 th	13 th	13 th	OFF				£
18-11-24	18 th	18 th	19 th	19 th	20 th	20 th	21 st	21 st	22 nd	22 nd	£
25-11-24	25 th	25 th	26 th	26 th	27 th	27 th	28 th	28 th	29 th	29 th	£
<u>December</u>											
2-12-24	2 nd	2 nd	3 rd	3 rd	4 th	4 th	5 th	5 th	6 th	6 th	£
9-12-24	9 th	9 th	10 th	10 th	11 th	11 th	12 th	12 th	13 th	13 th	£
16-12-24	16 th	16 th	17 th	17 th	18 th	18 th	19 th	19 th	20 th	20 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