

**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.
- 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	AM £12	PM £15	AM £12	PM £15	AM £12	PM £15	AM £12	PM £15	
<b>October / November</b>											
28-10-24	28 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	29 <sup>th</sup>	30 <sup>th</sup>	30 <sup>th</sup>	31 <sup>st</sup>	31 <sup>st</sup>	1 <sup>st</sup>	1 <sup>st</sup>	£
4-11-24	4 <sup>th</sup>	4 <sup>th</sup>	5 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	8 <sup>th</sup>	£
<b>November</b>											
11-11-24	11 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>	13 <sup>th</sup>	OFF				£
18-11-24	18 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>	21 <sup>st</sup>	22 <sup>nd</sup>	22 <sup>nd</sup>	£
25-11-24	25 <sup>th</sup>	25 <sup>th</sup>	26 <sup>th</sup>	26 <sup>th</sup>	27 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	29 <sup>th</sup>	£
<b>December</b>											
2-12-24	2 <sup>nd</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	4 <sup>th</sup>	5 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	6 <sup>th</sup>	£
9-12-24	9 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>	13 <sup>th</sup>	£
16-12-24	16 <sup>th</sup>	16 <sup>th</sup>	17 <sup>th</sup>	17 <sup>th</sup>	18 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>	20 <sup>th</sup>	

**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

☐