

<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 £11	PM £13	AM £11	PM £13	AM £11	PM £13	AM £11	PM £13	AM £11	PM £13	
<b><u>October/November</u></b>											
30.10.23	30 <sup>th</sup>	30 <sup>th</sup>	31 <sup>st</sup>	31 <sup>st</sup>	1 <sup>st</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	3 <sup>rd</sup>	£
06.11.23	6 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	10 <sup>th</sup>	£
13.11.23	13 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>	14 <sup>th</sup>	15 <sup>th</sup>	15 <sup>th</sup>	OFF			£	
<b><u>November/December</u></b>											
20.11.23	20 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>	21 <sup>st</sup>	22 <sup>nd</sup>	22 <sup>nd</sup>	23 <sup>rd</sup>	23 <sup>rd</sup>	24 <sup>th</sup>	24 <sup>th</sup>	£
27.11.23	27 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	29 <sup>th</sup>	30 <sup>th</sup>	30 <sup>th</sup>	1 <sup>st</sup>	1 <sup>st</sup>	£
<b><u>December</u></b>											
04.12.23	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>	£
11.12.23	11 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>	14 <sup>th</sup>	15 <sup>th</sup>	15 <sup>th</sup>	£
18.12.23	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>	£

**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**