

<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.
- 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 3

<u>Week Beginning</u>	<u>Monday</u>		<u>Tuesday</u>		<u>Wednesday</u>		<u>Thursday</u>		<u>Friday</u>		<u>Amount</u>
	<u>AM</u> £12	<u>PM</u> £15	<u>AM</u> £12	<u>PM</u> £15	<u>AM</u> £12	<u>PM</u> £15	<u>AM</u> £12	<u>PM</u> £15	<u>AM</u> £12	<u>PM</u> £15	
<u>January</u>											
6.01.2025	6 th	6 th	7 th	7 th	8 th	8 th	9 th	9 th	10 th	10 th	£
13.01.2025	13 th	13 th	14 th	14 th	15 th	15 th	16 th	16 th	17 th	17 th	£
20.01.2025	20 th	20 th	21 st	21 st	22 nd	22 nd	23 rd	23 rd	24 th	24 th	
27.01.2025	27 th	27 th	28 th	28 th	29 th	29 th	30 th	30 th	31 st	31 st	
<u>February</u>											
3.02.2025	3 rd	3 rd	4 th	4 th	5 th	5 th	6 th	6 th	OFF		£
10.02.2025	OFF						13 th	13 th	14 th	14 th	£
17.02.2025	17 th	17 th	18 th	18 th	19 th	19 th	20 th	20 th	21 st	21 st	£
24.02.2025	24 th	24 th	25 th	25 th	26 th	26 th	27 th	27 th	28 th	28 th	
<u>March</u>											
03.03.2025	3 rd	3 rd	4 th	4 th	5 th	5 th	6 th	6 th	7 th	7 th	£
10.03.2025	10 th	10 th	11 th	11 th	12 th	12 th	13 th	13 th	14 th	14 th	£

17.03.2025	17 th	17 th	18 th	18 th	19 th	19 th	20 th	20 th	21 st	21 st	£
24.03.2025	24 th	24 th	25 th	25 th	26 th	26 th	27 th	27 th	28 th	28 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