

After School Club Booking Form

Child's Name _____

Class: _____

Term 1 Half Term 2: 04/11/19-20/12/2019 (please tick required days)

	W/C	W/E	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	04/11/2019	08/11/2019					
Week 2	11/11/2019	15/11/2019					
Week 3	18/11/2019	22/11/2019					
Week 4	25/11/2019	29/11/2019					
Week 5	02/12/2019	06/12/2019					
Week 6	09/12/2019	13/12/2019					
Week 7	16/12/2019	20/12/2019					

I have included £ _____ to pay for the above session at £5.50 per session on the understanding that no money can be refunded. As per Breakfast and After School Club Policy.

In the event of an accident, I give staff members authority to act upon medical advice if they cannot contact me in time.

I have read and understood the Breakfast Club and After school club policy and have returned the pupil details form.

Signed: _____

Relationship to child: _____