

## After School Club Booking Form

Child's Name \_\_\_\_\_

Class: \_\_\_\_\_

### Term 2 Half Term 1: 06/01/2020-14/02/2020 (please tick required days)

	W/C	W/E	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b>	06/01/2020	10/01/2020	INSET				
<b>Week 2</b>	13/01/2020	17/01/2020					
<b>Week 3</b>	20/01/2020	24/01/2020					
<b>Week 4</b>	27/01/2020	31/01/2020					
<b>Week 5</b>	03/02/2020	07/02/2020					
<b>Week 6</b>	10/02/2020	14/02/2020					

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: \_\_\_\_\_