



After School Club - Booking Form

Child's Detail's

Name(s):

Date(s) of Birth:

___/___/___

___/___/___

___/___/___

Date booking is to commence: _____

My booking is: Weekly / Half Termly/ Termly (Please Select)

My child(ren) will be attending the following After School sessions:

Monday	Tuesday	Wednesday	Thursday	Friday
3.15pm-4.15pm	3.15pm-4.15pm	3.15pm-4.15pm	3.15pm-4.15pm	3.15pm-4.15pm
3.15pm-5.30pm	3.15pm-5.30pm	3.15pm-5.30pm	3.15pm-5.30pm	3.15pm-5.30pm

Invoices will be issued via Parentmail once a booking form has been received.

Parent Signature _____ Date _____

Office Use Only

Date Processed.....

Invoice Total.....

Space Allocated.....