**AFTER SCHOOL CLUB - BOOKING FORM – TERM ……**

The After School Cluboperates every afternoon each week of Term from:

**3.15pm – 4.30pm or 5.30pm** term time only, the cost per session is **£5.00 till 4.30pm or £6.50 till 5.30pm including an optional snack.**

**Please Note: Pick up is 5.30pm– a late penalty charge of £5.00 will be incurred for each additional 15 mins.**

Please indicate with a tick which days you require. Do you require snack **Yes/ No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TIME** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **3.15pm – 4.30pm** |  |  |  |  |  |
| **3.15pm – 5.30pm** |  |  |  |  |  |

**Child’s name …..…………………………………………………………………………….**

**2nd Child’s name …………………………………………………………………………...**

**3rd Child’s name …………………………………………………………………………….**

**Please tick this box if you require the above booking to continue until the end of the current academic year (*You will still be invoiced termly, but will not be required to complete a termly booking form*)**

• **I understand that sessions must be paid in advance and no refunds will be given due to absence**

• **I understand that I shall receive an invoice for payment during the term before that booked, and that the preferred method of payment is by bank transfer to 30-93-48 78786963 (please quote your account reference)**

• I understand that session times will be 3.15pm – 4.30pm or 3.15pm – 5.30pm.

• I understand my child will be given a snack consisting cheese & biscuits, crumpets, carrots/cucumber sticks and a drink if required at 3.30pm.

• Dietary requirements for individual children need to be discussed with Club staff, including allergies.

• Should I arrive early I can collect my child(ren).

• I agree to keep a child away from the club if s/he is sick or if advised to do so by a doctor and/or staff members. (Vomiting and diarrhoea must be clear for 24 hours).

• I have read the After School Club Terms and conditions.

Signed: ………………………………………………………………….. Name: ……………………………………………………….

Date: …………………………………………………………

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| --- |
| FOR OFFICE USE |
| BOOKED |  |
| PARENTPAY |  |
| INVOICED |  |
| BANKED |  |

