Ad hoc Booking Form

Month: Jan *2020*

|  |  |  |
| --- | --- | --- |
| Date: | Breakfast Club (£4.65) | After School Club (£10.95) |
| Mon 6th | Inset Day for Elm Park |  |
| Tues 7th |  |  |
| Weds 8th |  |  |
| Thurs 9th |  |  |
| Fri 10th |  |  |
|  |  |  |
| Monday 13th |  |  |
| Tuesday 14th |  |  |
| Wednesday 15th |  |  |
| Thursday 16th |  |  |
| Friday 17th |  |  |
|  |  |  |
| Monday 20th |  |  |
| Tuesday 21st |  |  |
| Wednesday 22nd |  |  |
| Thursday 23rd |  |  |
| Friday 24th |  |  |
|  |  |  |
| Monday 27th |  |  |
| Tuesday 28th |  |  |
| Wednesday 29th |  |  |
| Thursday 30th |  |  |
| Friday 31st |  |  |
|  |  |  |
| **Exact dates TBC, not all Inset Days added currently** | | |

*Please tick your requested sessions & make payment immediately*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/s of Children: |  | | | |
| Date/s of Birth: |  | | | |
| Name of parent/carer: |  | | | |
| Home Address: |  | | | |
| Email address: |  | | | |
| Telephone number: |  | | | |
| Please circle payment type: | BACS | Childcare Vouchers | Cash (exact amount) | Cheque |
| Signature: |  | | | |
| Date: |  | | | |

For staff use only:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Invoiced |  | Registers |



Ad hoc Booking Form

Month: Feb *2019*

|  |  |  |
| --- | --- | --- |
| Date: | Breakfast Club (£4.65) | After School Club (£10.95) |
| Monday 3rd |  |  |
| Tuesday 4th |  |  |
| Wednesday 5th |  |  |
| Thursday 6th |  |  |
| Friday 7th |  |  |
|  |  |  |
| Monday 10th |  |  |
| Tuesday 11th |  |  |
| Wednesday 12th |  |  |
| Thursday 13th |  |  |
| Friday 14th |  |  |
|  | Friday 14th end of term – Exact Feb Hol Club dates TBC  Mon 17th – Fri 21st likely | |
| Monday 24th |  |  |
| Tuesday 25th |  |  |
| Wednesday 26th |  |  |
| Thursday 27th |  |  |
| Friday 28th |  |  |
|  |  |  |
|  | **December Holiday Club (TBC)**  **Please use a Holiday Club booking form** | |

*Please tick your requested sessions & make payment immediately*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/s of Children: |  | | | |
| Date/s of Birth: |  | | | |
| Name of parent/carer: |  | | | |
| Home Address: |  | | | |
| Email address: |  | | | |
| Telephone number: |  | | | |
| Please circle payment type: | BACS | Childcare Vouchers | Cash (exact amount) | Cheque |
| Signature: |  | | | |
| Date: |  | | | |

For staff use only:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Invoiced |  | Registers |