Ad hoc Booking Form

Month: Sept *2019*

|  |  |  |
| --- | --- | --- |
| Date: | Breakfast Club (£4.65) | After School Club (£10.95) |
| Mon 2nd | Inset Day- Elm Park & St Michael’s |
| Tues 3rd |  | St Michael’s  |
| Weds 4th |  |  |
| Thurs 5th |  |  |
| Fri 6th  |  |  |
|  |  |  |
| Monday 9th  |  |  |
| Tuesday 10th  |  |  |
| Wednesday 11th  |  |  |
| Thursday 12th  |  |  |
| Friday 13th |  |  |
|  |  |  |
| Monday 16th |  |  |
| Tuesday 17th |  |  |
| Wednesday 18th |  |  |
| Thursday 19th |  |  |
| Friday 20th  |  |  |
|  |  |  |
| Monday 23rd  |  |  |
| Tuesday 24th |  |  |
| Wednesday 25th |  |  |
| Thursday 26th |  |  |
| Friday 27th |  |  |
|  |  |  |
| Mon 30th  |  |  |
| Please use an October Adhoc 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 |



Ad hoc Booking Form

Month: Oct *2019*

|  |  |  |
| --- | --- | --- |
| Date: | Breakfast Club (£4.65) | After School Club (£10.95) |
| Tuesday 1st  |  |  |
| Wednesday 2nd  |  |  |
| Thursday 3rd  |  |  |
| Friday 4th  |  |  |
|  |  |  |
| Monday 7th |  |  |
| Tuesday 8th |  |  |
| Wednesday 9th |  |  |
| Thursday 10th |  |  |
| Friday 11th |  |  |
|  |  |  |
| Monday 14th |  |  |
| Tuesday 15th |  |  |
| Wednesday 16th |  |  |
| Thursday 17th |  |  |
| Friday 18th |  |  |
|  |  |  |
| Monday 21st |  |  |
| Tuesday 22nd |  |  |
| Wednesday 23rd |  |  |
| Thursday 24th  |  |  |
| Friday 25th  |  |  |
|  | END OF TERM – Exact dates TBC closer to the time via Oct Holiday Club programme & Booking form |
|  | Mon 28th October – Fri 1st November Please use an October 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 |