**After School Care Club Booking Form**

Week commencing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This booking form MUST be returned by the 3.00pm Friday prior to the week you are booking for.

Bookings will be processed on a weekly basis ONLY.

|  |  |  |  |
| --- | --- | --- | --- |
| Child 1 |  | Class |  |
| Child 2 |  | Class |  |
| Child 3 |  | Class |  |

The cost is £3.00 per child, per day and includes biscuit/fruit and drink. Payment MUST be made via ParentPay prior to submitting this booking form, otherwise the booking will not be accepted.

NO TRANSFERS OR REFUNDS CAN BE MADE ONCE THIS BOOKING FORM HAS BEEN SUBMITTED.

Child 1:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Total |
|  |  |  |  |  | £ |

Child2:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Total |
|  |  |  |  |  | £ |

Child 3:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Total |
|  |  |  |  |  | £ |

|  |  |  |
| --- | --- | --- |
| I confirm that I have paid via ParentPay | Transaction number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total amount:£ |

Please read the below statements and sign to confirm agreement and booking.

1. I understand that no transfers or refunds can be made after submission of this form
2. I understand that my child MUST be collected no later than 5.00pm
3. I understand that the school has the right to refuse any future bookings due to non-payment/late collection

Print Name……………………………………………………………. Signed………………………………………………………… (Parent/Carer)