

ACTIVATE at Bowdon Preparatory School: Booking Form January & February

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|----------------|-------|----------|
| Name of Child: | Year: | Teacher: |
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Fee Structure

| | | | |
|--------------------------------|---------------------|---|-------|
| Before school per day | £4.00 (£3.50 s/d) | | |
| After school per day | £14.00 (£12.50 s/d) | After school with a Club (Infant Drama no discount) | £7.00 |
| Before & after school (5 days) | £80.00 | After school (Collect by 4.15pm) | £3.00 |

Please note - to cancel or alter a booking we require **five days** notice otherwise you will be charged for the session. If attending a club, please indicate which

Sessions Booked January & February 2023

| WEEK | SESSION | DAY Mon | DAY Tues | DAY Wed | DAY Thurs | DAY Fri | WEEKLY COST |
|---|---------------------|------------|-------------|------------|--------------|--------------|----------------|
| w/b 2/1/23 | Before school | | | | | | £ |
| w/b 2/1/23 | After school | | | | | | £ |
| w/b 9/1/23 | Before school | | | | | | £ |
| w/b 9/1/23 | After school | | | | | | £ |
| w/b 16/1/23 | Before school | | | | | | £ |
| w/b 16/1/23 | After school | | | | | | £ |
| w/b 23/1/23 | Before school | | | | | | £ |
| w/b 23/1/23 | After school | | | | | | £ |
| w/b 30/1/23 | Before school | | | | | | £ |
| w/b 30/1/23 | After school | | | | | | £ |
| w/b 6/2/23 | Before school | | | | | | £ |
| w/b 6/2/23 | After school | | | | | | £ |
| w/b 13/2/23 | HALF TERM | | | | | | |
| w/b 20/2/23 | Before school | | | | | | £ |
| w/b 20/2/23 | After school | | | | | | £ |
| Payment Method: Child Care Vouchers / Parent Pay | | | | | | Total | £ |

Parent/Carer Signature

I have legal parental responsibility for the above named child. I have read and accept the Terms and Conditions in the Parent/Carer Handbook, including the minimum notice period of five days for any cancellation or alteration to the sessions booked. If a club is cancelled for any reason, I will be charged for the full evening. I will let club staff know immediately of any changes to contact or medical details.

Signed: _____ Date: _____