

ACTIVATE at Bowdon Preparatory School: Booking Form June & July

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|---|-------|----------|
| Name of Child: | Year: | Teacher: |
| Email Address or Mobile Number, so that we can confirm receipt of your booking. | | |

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.

Places are booked on a first come first served basis.

Sessions Booked June & July 2023

| WEEK | SESSION | DAY Mon | DAY Tues | DAY Wed | DAY Thurs | DAY Fri | WEEKLY COST |
|---------------------------------|---------------------|---------|----------|---------|------------|---------|-------------|
| w/b 5/6/23 | Before school | | | | | | £ |
| w/b 5/6/23 | After school | | | | | | £ |
| w/b 12/6/23 | Before school | | | | | | £ |
| w/b 12/6/23 | After school | | | | | | £ |
| w/b 19/6/23 | Before school | | | | | | £ |
| w/b 19/6/23 | After school | | | | | | £ |
| w/b 26/6/23 | Before school | | | | | | £ |
| w/b 26/6/23 | After school | | | | | | £ |
| w/b 3/7/23 | Before school | | | | | | £ |
| w/b 3/7/23 | After school | | | | | | £ |
| w/b 10/7/23 | Before school | | | | | | £ |
| w/b 10/7/23 | After school | | | | | | £ |
| TOTAL NUMBER OF SESSIONS BOOKED | | | | | TOTAL COST | | £ |

Payment Method: Child Care Vouchers / Parent Pay

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: _____

s/d = sibling discount for the 2nd/3rd child.