

ACTIVATE Booking Form September & October

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

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

*NB: 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.

September & October 2022

| WEEK | SESSION | DAY Mon | DAY Tues | DAY Wed | DAY Thurs | DAY Fri | WEEKLY COST |
|--|---------------------|------------|-------------|------------|--------------|------------|----------------|
| w/b 29/08/22 | Before school | | | | | | £ |
| w/b 29/08/22 | After school | | | | | | £ |
| w/b 5/09/22 | Before school | | | | | | £ |
| w/b 5/09/22 | After school | | | | | | £ |
| w/b 12/09/22 | Before school | | | | | | £ |
| w/b 12/09/22 | After school | | | | | | £ |
| w/b 19/09/22 | Before school | | | | | | £ |
| w/b 19/09/22 | After school | | | | | | £ |
| w/b 26/9/22 | Before school | | | | | | £ |
| w/b 26/09/22 | After school | | | | | | £ |
| w/b 3/10/22 | Before school | | | | | | £ |
| w/b 3/10/22 | After school | | | | | | £ |
| w/b 10/10/22 | Before school | | | | | | £ |
| w/b 10/10/22 | After school | | | | | | £ |
| Payment Method: Child Care Vouchers / Parent Pay | | | | | | TOTAL COST | £ |

Parent/Carer Signature

I have legal parental responsibility for the child(ren). 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: _____