

I/We would like to reserve an After School Club place for my/our child.

Name of Child: Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of commencement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ongoing Place / One Off Session (Please delete as appropriate)

Days Required (Please tick):

Monday Tuesday Wednesday

Thursday Friday

I have read and accept After School Club Terms and Conditions.

Signed:

**For Office Use Only**

Availability checked and advised to parent

Name placed on register/waiting list

Initial Invoice sent (date)