Newbrough C of E Primary School

Before and After School Club Booking Form

# Child’s Name: …………………… Class: ……………….

***NB: Breakfast is provided for children booked from 7.45am.***

***A snack will be provided at after school club***

Bookings for the month of:

|  |
| --- |
| **Week 1** |
|  | **AM Sessions** | **PM Sessions** |
| **Day** | **Date** | **7.45am £5** | **8.15****£4** | **To 4.15pm****£5** | **To 5.15pm £10** | **To 5.30pm £12** |
| Mon |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |
| Thurs |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |  |  |  |  |
| **Week 2** |
|  | **AM Sessions** | **PM Sessions** |
| **Day** | **Date** | **7.45am £5** | **8.15am****£4** | **To 4.15pm****£5** | **To 5.15pm £10** | **To 5.30pm £12** |
| Mon |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |
| Thurs |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |
| **Week 3** |
|  | **AM Sessions** | **PM Sessions** |
| **Day** | **Date** | **7.45am -£5** | **8.15am****£4** | **To 4.15pm****£5** | **To 5.15pm £10** | **To 5.30pm £12** |
| Mon |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |
| Thurs |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |
| **Week 4** |
|  | **AM Sessions** | **PM Sessions** |
| **Day** | **Date** | **7.45am £5** | **£8.15am****£4** | **To 4.15pm****£5** | **To 5.15pm £10** | **To 5.30pm £12** |
| Mon |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |
| Thurs |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |
| **Week 5** |
|  | **AM Sessions** | **PM Sessions** |
| **Day** | **Date** | **7.45am £5** | **8.15am****£4** | **To 4.15pm****£5** | **To 5.15pm £10** | **To 5.30pm £12** |
| Mon |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |
| Thurs |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |

**IMPORTANT**

**PLEASE COMPLETE THIS SECTION ON EVERY BOOKING FORM YOU SUBMIT.**

EMERGENCY CONTACT DETAILS

In the event of an emergency before or after school hours please contact:

**Name: ………………**

**Relationship to pupil**

 **……………………..**

**Contact Number**

**…………....**

|  |  |
| --- | --- |
| Time | Price persession |
| From 7.45am | £5 |
| From 8.15am | £4 |
| To 4.15pm | £5 |
| To 5.15pm | £10 |
| To 5.30pm | £12 |

## Signed: …………………………………………….

***Parent/Guardian***

***Date:…………….***

Please return completed booking forms for next month by the last day of the current month. You will be invoiced at the beginning of the next month for sessions attended during the previous month.