

Keep Before & After School Club

BOOKING FORM 2009 / 10

MONTH - _____

Name: _____

I would like my child to attend the MORNING club on the following days. (please tick as appropriate)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would like my child to attend the AFTERNOON club on the following days. (please tick as appropriate)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE:

If your child does not attend a session they are booked into you will be charged for this session