**Icon

Description automatically generated**

**HAROLD WOOD PRIMARY SCHOOL**

**SUMMER TERM 2 - AFTER SCHOOL CLUB BOOKING FORM**

**PLEASE ENSURE THAT YOU COMPLETE THIS BOOKING FORM AND RETURN TO MRS COLEMAN AS SOON AS POSSIBLE. IF A PLACE IS NOT BOOKED FOR YOUR CHILD, THEY WILL BE UNABLE TO ATTEND**

**COST PER DAY:**

Reception – Year 6: £12.00

For each sibling: +£10, e.g:

For 1 sibling: £22.00

For 2 siblings in: £32.00

For 3 Siblings: £42.00

£15 per day, per child – on the day bookings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Mon 3rd Jun | Tues 4th Jun | Wed 5th Jun | Thurs 6th Jun | Fri 7th Jun |
| Mon 10th Jun | Tues 11th Jun | Wed 12th Jun | Thurs 13th Jun | Fri 14th Jun |
| Mon 17th Jun | Tues 18th Jun | Wed 19th Jun | Thurs 20th Jun | Fri 21st Jun |
| Mon 24th Jun | Tues 25th Jun | Wed 26th Jun | Thurs 27th Jun | Fri 28th Jun |
| Mon 1st Jul | Tues 2nd Jul | Wed 3rd Jul | Thurs 4th Jul | Fri 5th Jul |
| Mon 8th Jul | Tues 9th Jul | Wed 10th Jul | Thurs 11th Jul | Fri 12th Jul |
| Mon 15th Jul | Tues 16th Jul | Wed 17th Jul | Thurs 18th Jul | Fri 19th Jul |
| Mon 22nd Jul | Tues 23rd Jul |  |  |  |

Child’s Name ………………………………………………………………………………… Class……………………………………………………………..

Total number of days booked: \_\_\_\_\_\_\_\_\_\_\_ Total cost payable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment to be made using the following methods in the box below. Please tick the method you are using.

If using Childcare Vouchers please ensure that the appropriate additional form is completed and given to Mrs Coleman.

󠄀 sQuid Cashless Payment System

󠄀 Childcare Vouchers

**Please return your Booking Form by Friday, 24th May 2024**

**I understand that full payment will need to be made by Friday, 7th June 2024.**

**Non-payment will lead to your child’s place being withdrawn. I understand that I must inform ASC as soon as possible if my child(ren) will not be attending on a certain day. I understand all sessions requested above must be paid for irrespective of whether my child(ren) attend that session or not.**

Signed……………………………………………………………………………… (Parent/Carer) Date……………………………………………………………………..