



AFTER SCHOOL CLUB BOOKING FORM

Session Fees: 3.00/3.05 pm – 4.30 pm £6.00

4.30 pm – 6.00 pm £6.00

Child's Name	Class	Infant/Junior School

Please indicate in the boxes below the collection time for the sessions you require. There is no minimum amount of sessions. Bookings forms may returned to either school office.

Week commencing	Monday		Tuesday		Wednesday		Thursday		Friday	
	3.00/3.05 – 4.30 pm	4.30 – 6.00 pm	3.00/3.05 – 4.30 pm	4.30 – 6.00 pm	3.00/3.05 – 4.30 pm	4.30 – 6.00 pm	3.00/3.05 – 4.30 pm	4.30 – 6.00 pm	3.00/3.05 – 4.30 pm	4.30 – 6.00 pm
22 ND APR 2019	BANK HOLIDAY		TRAINING DAY							
29 TH APR 2019										
13 TH MAY 2019										
20 TH MAY 2019										
27 TH MAY 2019	HALF TERM									
3 RD JUN 2019										
10 TH JUN 2019										
17 TH JUN 2019										
24 TH JUN 2019										
1 ST JUL 2019										
8 TH JUL 2019										
15 TH JUL 2019										
22 ND JUL 2019	TRAINING DAY		TRAINING DAY		SCHOOL CLOSED SUMMER HOLIDAYS					
Total number of sessions booked						Total payable:				£

Please indicate method of payment and sign overleaf

Please note: If your child attends Federation extra-curricular club(s) and you wish him/her to attend the paid After School Club immediately following, **please complete the table overleaf.**

At present there is no charge for this 15/30 minute period for children who will be also attending the second session. If a club listed overleaf is cancelled attendance for the session will be charged.

Name of Club(s)	Location (ie at which school)	Day(s)of Club(s) & finish time(s)

Payment may be made by cash, cheque or childcare vouchers. If you would be interested in making payment through eduspot (schoolmoney) our online payment system, please advise this by email to junoffice@wykeregisfed.dorset.sch.uk.

I enclose cash payment	£
I enclose a cheque payable to Wyke Regis Junior School	£
Payment has been made online through eduspot.co.uk (schoolmoney) (Infant parents please contact Junior School office if you need this set up)	£
Payment in full has been made through (please insert name of voucher provider)	£
Part payment has been made through (please insert name of voucher provider and confirm amount paid)	£
I have attached / already submitted completed the contact and medical information and contract agreement forms	
Signature Parent/Carer	

Please note: An additional charge of £5.00 per child per half hour or part thereof will be made for late collection after 4.30 pm or 6.00 pm.

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For office use: