**After School Club - Contract Booking Form**

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| --- | --- | --- | --- |
| **Childs Name** |  | **Class** |  |
| **Sessions required (please circle)** | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Sessions required with effect from :** |
| * ***I have received and agree to the Terms & Conditions stated in the Breakfast Club Information document.***
* ***I understand that sessions need to be paid by the 1st of each month, for the coming month.***
* ***I understand I am required to give 4 weeks notice if I wish to reduce or cancel my sessions.***
* ***I understand that no refunds/credits will be given if my child does not attend due to sickness or any other reason.***

Parent signature: Date: |