MEAD VALE COMMUNITY EXTENDED SCHOOL CLUB

MONTHLY BOOKING FORM

February 2019 **BOOKINGS & ENQUIRIES HOTLINE - 07796695842**

Child's full name: _____ _____

(SURNAME block letters) **LEGAL SURNAME**

(FORENAMES)

Date of Birth: _____

Home Address: _____

_____**POST CODE**:_____

Home Phone Number:_____ Mobile Phone No: _____

I WOULD LIKE MY CHILD TO ATTEND THE AFTER SCHOOL CLUB ON THE FOLLOWING DAYS.

		Please tick			**Please tick**
1st	FRI		**19th**	TUES	HALF TERM
2nd			**20th**	WEDS	HALF TERM
3rd			**21st**	THURS	HALF TERM
4th	MON		22nd	FRI	HALF TERM
5th	TUES		23rd		
6th	WEDS		24th		
7th	THURS		25th	MON	
8th	FRI		26th	TUES	
9th			27th	WEDS	
10th			28th	THURS	
11th	MON				
12th	TUES				
13th	WEDS				
14th	**THURS**				
15th	**FRI**				
16th					
17th					
18th	MON	HALF TERM			

(PLEASE MAKE CHEQUES PAYABLE TO "Extend Learning Academies Network")

Cost - £9 per child per session

Signed ……. Parent/Adult with parental responsibility