MEAD VALE COMMUNITY EXTENDED SCHOOL CLUB

MONTHLY BOOKING FORM

March 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	
2nd			**20th**	WEDS	
3rd			**21st**	THURS	
4th	MON		**22nd**	FRI	
5th	TUES		**23rd**		
6th	WEDS		**24th**		
7th	THURS		**25th**	MON	
8th	FRI		**26th**	TUES	
9th			**27th**	WEDS	
10th			**28th**	THURS	
11th	MON		**29th**	FRI	
12th	TUES		**30th**		
13th	WEDS		**31st**		
14th	THURS				
15th	FRI				
16th					
17th					
18th	MON				

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

Cost - £9 per child per session

Signed ……. Parent/Adult with parental responsibility

Date ……..