MEAD VALE COMMUNITY EXTENDED SCHOOL CLUB

MONTHLY BOOKING FORM

November 2018 **BOOKINGS & ENQUIRIES HOTLINE - 07796695842**

Child's full name: _____ _____

(SURNAME) **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	THURS	HALF TERM	19th	MON	
2nd	FRI	HALF TERM	20th	TUES	
3rd			21st	WEDS	
4th			22nd	THURS	
5th	MON		23rd	FRI	
6th	TUES		24th		
7th	WEDS		25th		
8th	THURS		26th	MON	
9th	FRI		27th	TUES	
10th			28th	WEDS	
11th			29th	THURS	
12th	MON		30th	FRI	
13th	TUES				
14th	WEDS				
15th	THURS				
16th	FRI				
17th					
18th					

(PLEASE MAKE CHEQUES PAYABLE TO "EXTEND LEARNING ACADEMIES NETWORK")

Cost - £9 per child per session

Signed ……. Parent/Adult with parental responsibility

Date ……..