**Bussage After School Club**

**Booking Form 2017 / 18**

Child’s Name ………………………………………………………….

Class ……………

I wish my child to attend the After School Club for the following sessions each week commencing from………………………………..

(Please tick for required sessions)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday (food not available)  3.15 to 4.15  £4.50 | Tuesday (food not available)  3.15 to 4.15  £4.50 | Wednesday (food not available)  3.15 to 4.15  £4.50 | Thursday (food not available)  3.15 to 4.15  £4.50 | Friday (food not available)  3.15 to 4.15  £4.50 |
| Monday  3.15 to 5.15  £9.00 | Tuesday  3.15 to 5.15  £9.00 | Wednesday  3.15 to 5.15  £9.00 | Thursday  3.15 to 5.15  £9.00 | Friday  3.15 to 5.15  £9.00 |
| Monday  3.15 to 6.15  £13.50 | Tuesday  3.15 to 6.15  £13.50 | Wednesday  3.15 to 6.15  £13.50 | Thursday  3.15 to 6.15  £13.50 | Friday  3.15 to 6.15  £13.50 |
| Monday  3.15 to 6.15  £15.50 | Tuesday  3.15 to 6.15  £15.50 | Wednesday  3.15 to 6.15  £15.50 | Thursday  3.15 to 6.15  £15.50 | Friday  3.15 to 6.15  £15.50 |
| With food | With food | With food | With food | With food |

Has your child any food allergies or other dietary requirements? Yes/No

If yes, what are they?

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Has your child any medical needs we should be aware of? Yes/No

If yes, please give details below.

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Please give your **emergency contact** for these sessions:-

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand I am committed to pay for this membership at the cost per child per session shown above and agree to give 1 half-term’s written/emailed notice of any changes to my child’s attendance.**

**I agree to clear my account promptly.**

Signed: ……………………………………………………. Date: ……………………………..

Please forward your completed form to asc@bussage.sch.gloucs.sch.uk