



# CHESSWOOD JUNIOR SCHOOL

## After School Club Booking Form

### Autumn (2) Half Term



Please complete the table below indicating with an **X** which sessions you would like to book.

	w/c 01/11	w/c 08/11	w/c 15/11	w/c 22/11	w/c 29/11	w/c 06/12	w/c 13/12
<b>Mon</b>							
<b>Tues</b>							
<b>Wed</b>							
<b>Thurs</b>							
<b>Fri</b>							

Number of sessions requested: .....

After School Club runs from 3.15pm to 6pm

Shaded area indicates that school is closed for INSET or Bank Holiday

Child details		
<b>Child's Name:</b>	<b>Class:</b>	
Emergency Contact details		
<b>Name:</b>	<b>Address:</b>	
<b>Telephone number:</b>	<b>Relationship to child:</b>	
Payment Information (please indicate which session is required)		
Session – 3.15pm to 4.15/4.30pm	£6.00	<input type="checkbox"/>
Session – 3.15pm to 4.45/5pm	£8.00	<input type="checkbox"/>
Session – 3.15pm to 6pm	£10.50	<input type="checkbox"/>
Payment must accompany the booking. Fees may be paid either by cash or cheque. Cheques payable to Chesswood Junior School please.		
Transport from Infant Schools		
If your child is at either Lyndhurst or Springfield Infant Schools and will require transport please tick		
<b>Lyndhurst Infant School</b> <input type="checkbox"/>	<b>Springfield Infant School</b> <input type="checkbox"/>	

*Continued overleaf*

**Booking Information**

I would like to confirm and book the above sessions and enclose payment of £ .....

*Please note we cannot refund payments without one week's notice of cancellation. If your child is unable to attend a booked space, please contact the school on 01903 204141 to confirm absence.*

**Medical Information**

*Please state any medical conditions your child has, i.e.; Allergies, Asthma, Diabetes*

**Allergies:**

**Medical Conditions:**

**Prescribed Emergency Medication:**

*Should my child need to take medication for a life threatening condition - I authorise / do not authorise\* the staff to administer this medication as prescribed and on my written instruction only.*

*I give consent for the staff to administer first aid to my child.*

**Signed** .....

**Dated** .....

*\*Please delete as appropriate*