

w/c 02/11

Mon

w/c 09/11

CHESSWOOD JUNIOR SCHOOL After School Club Booking Form Autumn (2) Half Term



w/c 14/12

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

w/c 23/11

w/c 30/11

w/c 07/12

w/c 16/11

Tues									
Wed									
Thurs									
Fri									
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									
Ok:14 Jata:1a									
Child details Child's Name: Class:									
	, italiioi				O.u.				
			Emero	iency Co	nta	ct details			
Name:			Lillerg	lericy CC		ress:			
Telephone number:					Relationship to child:				
Payment Information (please indicate which session is required)									
Session	n – 3.15pm	to 4.15/4.30		(prodocii	£6.0				
Session – 3.15pm to 4.45/5pm					£8.0				
Session – 3.15pm to 6pm					£10	.50			
Payment must accompany the booking. Fees may be paid either by cash or cheque. Cheques									
payable to Chesswood Junior School please.									
Transport from Infant Cabacia									
Transport from Infant Schools If your child is at either Lyndhurst or Springfield Infant Schools and will require transport please tick									
year and at all all all all all all all all all									
Lyndhurst Infant School □					Springfield Infant School				
								Continue	ed overleaf

Booking II	ntormation							
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								

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