BOOKING FORM



Out of School Provision Headlands (School Age – Reception to Year 6)

Parents requiring childcare in our Out of School club are asked to complete the following application form. After completion, this form should be returned to the above address. You will then be asked to complete a registration form before a place is issued.

Full Name of Ch	ild:		Male	e/Female		
Date of Birth:			School Year:			
Home Address:						
Post Code: Telephone:						
Email Address: .						
Name of Contac	t:					
Please tick sess	ions required	:				
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
MORNINGS						
AFTERNOONS 3.15PM – 6.00PM						
Required starting Bookings are take Out of School se	cen on a first	come first se				
		Mornings	``		Afternoons	
Per session		£7.00	£7.00		£12.00	
Per Week		£30.00	£30.00			
Full Time						
Morning & Afternoons				£74.00 n-attendance including planned		
school trips.	re is no aisco	unt in out or	school for non	i-attendance	including planned	
Thank you for you our best by each a						
appreciating every					oping and	
Signed (parent):						
Print name:			Date:			
Please email to a	alesha.lewis@	acornchildc	areuk.org			