

Roberttown CE (VC) J & I School Rascals After School Club

Booking Form 2017/18

Please read the updated Breakfast Club and Rascals policy which is available to view on the school website:

https://roberttownschool.co.uk/kgfl/primary/roberttownpri/arenas/websitecontent/web/breakfastclub_rascalspolicyseptember2017.pdf

Please indicate below which sessions you would like to book and complete the registration form attached.

The days you request will be booked for the whole of the school year. If you wish to cancel your bookings we will require 4 weeks' notice in writing. No refunds will be given for occasional absence or illness and individual sessions cannot be cancelled and refunded.

The Club is open from **3.15pm** until **6pm**. Our charges are **£6 from 3.15pm until 5pm or £8 from 3.15pm until 6pm**. All sessions include a snack and refreshments.

In an emergency (e.g. major traffic problems causing you to be late collecting your child) **please contact the Rascals Leader on 07591 921401**. Please note this number cannot be used for bookings.

Please return this form to the school office. A copy will be returned to you to confirm your booking and to advise of the payment due.

Payment can be made via ParentPay on a weekly, monthly, half termly or termly basis and must be paid in advance.

Child's Name	
Class	

I wish to book a place for my child on the following days:

	MON		TUES		WED		THURS		FRI	
	5pm	6pm	5pm	6pm	5pm	6pm	5pm	6pm	5pm	6pm
Tuesday 5th September 2017 to Tuesday 24th July 2018										

I understand that payments must be made in advance and that if I do not make payments in advance my child's place will be withdrawn. I will make payments *weekly / monthly / half-termly / termly *please delete as appropriate.

Signed (Parent/Carer)	
Date	

For Office Use:

Number of sessions booked:

Total cost: £

Rascals After School Club Registration Form 2017/18

Please complete and return with your booking form.

Child's Name	
Date of Birth	
Address including Post Code	
Home Tel. No	
Agreed Password for collection by another adult	

Emergency Contact Numbers

Name 1	
Relationship to Child	
Contact No	
Name 2	
Relationship to Child	
Contact No	

Allergies / Medical Conditions

Please note that your booking cannot be processed unless this section is completed.

If your child does **not** have a food a food allergy / medical condition please write '**None**'.

If your child has a medical condition that school should know about e.g. Asthma, food allergies or requires a special diet etc. please give details. If your child does require a special diet or suffers from allergies we may need to contact you for additional details so that we can put in place appropriate arrangements for your child.	
---	--

Signed (Parent/Carer)	
Date	