CHADDESLEY CORBETT ENDOWED PRIMARY SCHOOL AND NURSERY

BOOKING FORM – MAY HALF TERM

We are now taking bookings for the holidays. Please complete the booking form so that so we can ensure we have the correct number of staff.

All booked sessions will be charged unless notice to cancel has been given. If your child is not collected promptly at the end of their booked session, a late collection fee will be charged.

Children may bring a light snack with them to have during the morning and/or afternoon. They children can also bring breakfast with them and eat it here, if it is too early for breakfast before leaving home. Alternatively, breakfast and a light tea are available at **extra cost** (please refer to Fees and Charges for more information). Breakfast is served from 8.00-9.00am, a light tea is served from 5.00-5.30pm. Please tick the relevant box on the booking form if you wish to order breakfast or tea.

All activities will start at 10.30am.

Please return booking forms to the school office before **Friday 14 May.**

**Please turn over for booking form**

**Please indicate which sessions and days you require. For Half Day sessions, please put A, B, C or D**

**(A: 8:00am-12:00pm B: 10:00am-2:00pm C: 12:00pm-4:00pm D: 2:00pm-6:00pm)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **31 May** | **1 June** | **2 June** | **3 June** | **4 June** |  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | **Cost** |
| Full Day / Half Day | BANK HOLIDAY |  |  |  |  | **£** |
| Breakfast (8.00-9.00am) |  |  |  |  | **£** |
| Light Tea (5.00-5.30pm) |  |  |  |  | **£** |
| **OVERALL TOTAL COST** | **£** |

Child 1: ……………………………………………………………………………………… Child 3: ……………………………………………………………………………………

Child 2: ……………………………………………………………………………………… Child 4: ……………………………………………………………………………………

Paid online ref. Parent Pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childcare vouchers (Please give name of provider) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_