



HOLIDAY CLUB BOOKING FORM

Easter Holidays

Child's Details:

Surname:	Forenames(s):
Surname:	Forenames(s):

Please tick the days/half days you would like us to care for your child during school holidays:

Monday		Tuesday		Wednesday		Thursday		Friday	
2 Apr 2012		3 Apr 2012		4 Apr 2012		5 Apr 2012		6 Apr 2012	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Monday		Tuesday		Wednesday		Thursday		Friday	
9 Apr 2012		10 Apr 2012		11 Apr 2012		12 Apr 2012		13 Apr 2012	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Note: Holiday Club bookings are made on a first come first served basis. Places are only guaranteed on receipt of full payments. Late payments may result in the loss of your booking. Refunds are not given for sickness, occasional days off or holidays.

Signature: _____
Main Contact

Dated: _____