

<u>Childs Name:</u>	<u>PAYMENT-METHOD:</u> Cash / CC / C VOUCH
<u>Age:</u>	<u>Voucher Provider:</u>
<u>School Attended:</u>	<u>SUNCREAM</u> Y / N
<u>Will be collected by:</u>	<u>FACEPAINT</u> Y / N

Booking Form Information

- Please only tick the days / Sessions that you require
- All Fees must be paid in **ADVANCE**
- Booking forms must be kept up to date [Please see the back of the form and input changes such as Address, Allergies & Medical Information.](#) We must have up to date information regarding the child.
- You must give a **FULL 48 hours notice** to transfer/ credit any sessions, **BOOKINGS ARE NON-CASH REFUNDABLE** but can be added to the account.
- The cancelation text number is 07340641537 (please do not call this number as it is text only)
- Care Inspectorate registration – CS2004071741

Term 1

Week Beginning	Monday		Tuesday		Wednesday		Thursday		Friday		Amount
	AM £12	PM £15	AM £12	PM £15	AM £12	PM £15	AM £12	PM £15	AM £12	PM £15	
August											
19.08.2024	OFF		20 th	20 th	21 st	21 st	22 nd	22 nd	23 rd	23 rd	£
26.08.2024	26 th	26 th	27 th	27 th	28 th	28 th	29 th	29 th	30 th	30 th	£
September											
02.09.2024	2 nd	2 nd	3 rd	3 rd	4 th	4 th	5 th	5 th	6 th	6 th	£
09.09.2024	9 th	9 th	10 th	10 th	11 th	11 th	12 th	12 th	13 th	13 th	£
16.09.2024	16 th	16 th	17 th	17 th	18 th	18 th	19 th	19 th	20 th	20 th	£
23.09.2024	23 rd	23 rd	24 th	24 th	25 th	25 th	26 th	26 th	27 th	27 th	£
September/October											
30.09.2024	30 th	30 th	1 st	1 st	2 nd	2 nd	3 rd	3 rd	4 th	4 th	£
07.10.2024	7 th	7 th	8 th	8 th	9 th	9 th	10 th	10 th	11 th	11 th	£

Parent / Carer Signature:	
Date:	

Please write below any new details or changes.

For office use

Signature..... Date

Checked BY..... Date

Parents aware of waiting list

Bus charge amount

Voucher payment