LITTLE OAKS

AFTER SCHOOL CLUB CHILD BOOKING FORM – ACADEMIC YEAR 2024-2025

A separate form must be completed for each child.

	1				
Child Attending					
Child's Name:					
Year Group (from Sept	tember):				
Parent/Carer:					
Date:					
EMERGENCY PHONE N	Numbers:				
FEES - £12.00 per School Care on th			00 if siblings attend FOJS, FOIS or Wyvern After g. 3.50, for those children that attend a Play Team Club ease speak to the office and Mr Rowles if you wish to he sibling price per session, if 2 siblings attend Play		
NAME of SIBLING	ì	•••••	Year	Group	•••
make use of this	arrangeme Little Oaks	ent. The sibl	ing price pe	r session, if	<u>-</u>
I wish my child to school is open to	o attend Lit		the following	ng days, evo	ery week that the
-	o attend Lit		the following	ng days, eve	ery week that the AMOUNT PER WEEK
school is open to	o attend Lit children:	tle Oaks on			
PAYMENT OPTION	TUE NS: Please give	WED e details of Chi	THU Idcare Voucher	FRI Schemes you of Little Oaks	may use as payment S After School Club.
PAYMENT OPTION	TUE NS: Please give	WED e details of Chi	THU Idcare Voucher	FRI Schemes you of Little Oaks	MOUNT PER WEEK may use as payment