



Out of Hours Club e-mail: outofhours.childcare@stfrancispri.org

**BREAKFAST CLUB
 REGULAR SESSIONS BOOKING FORM
 7.30am -8.45am**

Date of request

Pupil details

| Name of Child (ren) | Year Group |
|---------------------|------------|
| | |
| | |
| | |
| | |

Has any child in the family attended the Out of Hours Club previously in this academic year? YES NO

Please note an annual registration fee of £15.00 per annum per family will be charged in term one of each academic year, or upon joining the club within an academic year. This will be added to your first invoice in the academic year

Has a registration form been returned to the Out of Hours Club prior to child attending their first session? YES NO

Children will not be able to attend the Out of Hours Club unless a registration has been completed which accepts the Policy, terms and conditions of the Out of Hours Club and provides contact details in the event of an emergency.

REGULAR WEEKLY Session(s) requested

| | |
|-----------|---|
| DAY | ✓ |
| MONDAY | |
| TUESDAY | |
| WEDNESDAY | |
| THURSDAY | |
| FRIDAY | |

Payment details

Please confirm details of the method of payment to be used, if ASC place offered

Method of pay: Childcare Vouchers Parent Pay
please tick as appropriate

If paying with Childcare Vouchers please provide details of the Childcare Voucher Company in the box below

Signature of Parent/Guardian _____ Date _____

PLEASE PRINT NAME _____

PLEASE NOTE: PAYMENT FOR SESSIONS IS DUE WITHIN 14 DAYS OF INVOICE DATE

OFFICE USE ONLY:

| Sessions confirmed: | Day | | No of places |
|---|-----------|---|--------------|
| To be completed by Out of Hours Club | MONDAY | ✓ | |
| | TUESDAY | | |
| | WEDNESDAY | | |
| | THURSDAY | | |
| | FRIDAY | | |

Date places confirmed:
 Agreed start date:

To be completed by Finance Dept
 First invoice raised: Date form received
Invoice Number
Date