

Chisenhale Night Owls booking form

Child's Name:
Does this child have a sibling at the club? Yes / No
Year Group: Class Name
Parent's or Carer's Name:
Home Address
Home Tel: Work Tel:
Mobile:
Email (this enables us to keep in touch and to email your payment letter):
* THIS SECTION MUST BE FILLED IN * Please provide us with two more people we can contact (a 2nd parent, guardian, friend etc) 1. Name:
Home Tel: Work Tel:
Mobile:
2. Name:
Home Tel: Work Tel:
Mobile:
I give authorisation for the following people to pick up my child from the After School Club:
1) 2) 3)
Signed
Medical or dietary needs or food allergies:

What date would you like your child to start attending the Night Owls club?

Start Date:	
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Please tick the boxes for Night Owls Club sessions required. The minimum is 2 days per week.

A regular session is a pre-booked session that is the same every week.

You need to give half a term's notice to permanently cancel a session.

Sessions Required – please tick

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Fees

You will receive a half termly letter with the amount you will need to pay. Payments must be paid by the end of the first week of term. Payments can be made online, cash, cheque, childcare vouchers or debit card.

Night Owls Club Fees

£8.00 per session, which is from the end of school until 5.45pm if 5 days a week £9.00 per session, which is from the end of school until 5.45pm if 4 days of less No refunds are given if your child does not attend the club for any reason

Chisenhale Primary School Terms and Conditions – please read the following and sign below:

I agree to pay the fees by the end of the first week of the term.

I agree to pay a fee if I am late to collect my child (late fee is £5.00 for every five minutes you are late).

I agree to the cancellation policy: half a term's notice is needed to permanently cancel a session. Individual sessions cannot be cancelled and days cannot be swapped. Additional bookings can be made providing there are spaces.

I agree to call the club if my child will not be attending due to illness or other circumstances.

I agree that all information on this form is correct at the time of completion.

I agree for my child to be taken out for walks or local visits under the supervision of the Night Owls Staff.

Signed:	
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Date: