Heslerton After School Club Booking Form



Autumn 1 2020

Name of child_____

Please book the following sessions at \pounds 8. I have read the terms and conditions of Heslerton After School Club.

| Week | Monday | Tuesday | Wednesday | Thursday |
|------------|--------|---------|-----------|----------|
| commencing | | | | |
| 7.9.20 | X | | | |
| | | | | |
| 14.9.20 | | | | |
| | | | | |
| 21.9.20 | | | | |
| | | | | |
| 28.9.20 | | | | |
| | | | | |
| 5.10.20 | | | | |
| | | | | |
| 12.10.20 | | | | |
| | | | | |
| 19.10.20 | | | | |
| | | | | |

Signature of parent_____

Please return this form to the office as soon as possible to book your place.