V.I.P’s Children’s Club

Ofsted Registration Number EY547003

Please complete the bookings below to indicate the regular **breakfast** and **after school** sessions you require. (Please Tick)

Child…………………………………………… Class……………………………………..

After School Club Start Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

Ad-Hoc sessions only □

After School Club (includes free snacks)

I give my permission for my child to have :-

Sun Cream □

Photographs (for club use only) □

(Please Tick)

Allergies (*Please state*)…………………………………………………………

**Agreement to Terms and Conditions**

The After-School club is open during term time on the dates as advertised by Willow Primary Academy

I require the term time places on a regular weekly basis as indicated.

The fees for the after school’s club are payable monthly or weekly in advance.

I confirm that I will pay the fees whether my child/ren attend or not. (Unless 48 hours’ notice has been given)

If I wish to permanently cancel all or part of my booking I agree that I will give one months notice in writing. I confirm that I will pay all fees due during the notice period

Signed: Date: