**Booking Form for CNS After School Sports Clubs and Child Care**

When making your first booking for our provision please complete the following two pages.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| cns1-1.png**Day/Club/Date** | CNS Sports Club **ONLY**(Just for Y1 to Y6)3.15-4.15pm**£2.50** | CNS Sports Club/Activities **AND** Extra Provision3.15-5.30pm**£6.50** | Another school club followed by the extra CNS provision4.15-5.30pm**£4** | Child Care for child in Reception from 3:15 to 5:30 pm.**£6.50** |
| Tuesday – Multi Sport | 3 - Sept |  |  |  |  |
| Wednesday – Tag Rugby |  4 - Sept |  |  |  |  |
| Thursday – Dodgeball | 5 - Sept  |  |  |  |  |
| Friday - Hockey | 6 - Sept |  |  |  |  |
| Monday – Small ball games | 9 - Sept |  |  |  |  |
| Tuesday – Multi Sport | 10 - Sept |  |  |  |  |
| Wednesday – Tag Rugby | 11 - Sept |  |  |  |  |
| Thursday – Dodgeball | 12 - Sept |  |  |  |  |
| Friday - Hockey | 13 - Sept |  |  |  |  |
| Monday – Small ball games | 16 - Sept |  |  |  |  |
| Tuesday – Multi Sport | 17 - Sept |  |  |  |  |
| Wednesday – Tag Rugby | 18 - Sept |  |  |  |  |
| Thursday – Dodgeball | 19 - Sept |  |  |  |  |
| Friday - Hockey | 20 - Sept |  |  |  |  |
| Monday – Small ball games | 23 - Sept |  |  |  |  |
| Tuesday – Multi Sport | 24 - Sept |  |  |  |  |
| Wednesday – Tag Rugby | 25 - Sept |  |  |  |  |
| Thursday – Dodgeball | 26 - Sept |  |  |  |  |
| Friday - Hockey | 27 - Sept |  |  |  |  |
| Monday – Small ball games | 30 - Sept |  |  |  |  |
| Tuesday – Multi Sport | 1 - Oct |  |  |  |  |
| Wednesday – Tag Rugby | 2 - Oct |  |  |  |  |
| Thursday – Dodgeball | 3 - Oct |  |  |  |  |
| Friday - Hockey | 4 - Oct |  |  |  |  |
| Monday – Small ball games | 7 - Oct |  |  |  |  |
| Tuesday – Multi Sport | 8 - Oct |  |  |  |  |
| Wednesday – Tag Rugby | 9 - Oct |  |  |  |  |
| Thursday – Dodgeball | 10 - Oct |  |  |  |  |
| Friday - Hockey | 11 - Oct |  |  |  |  |
| Monday - Small ball games | 14 - Oct |  |  |  |  |
| Tuesday – Multi Sport | 15 - Oct |  |  |  |  |
| Wednesday – Tag Rugby | 16 - Oct |  |  |  |  |
| Thursday – Dodgeball | 17 - Oct |  |  |  |  |
| Friday - Hockey | 18 - Oct |  |  |  |  |
|  Monday – Small ball games | 21 - Oct |  |  |  |  |
|  Tuesday – Multi Sport | 22 - Oct |  |  |  |  |
|  Wednesday – Tag Rugby | 23 - Oct |  |  |  |  |
|  Thursday – Dodgeball | 24 - Oct |  |  |  |  |
|  Friday - Hockey | 25 - Oct |  |  |  |  |
| Total Payment | £ | £ | £ |  |

Tick as appropriate - Payment can be made via BACS/cheque/cash

CNS Bank Account Details are Sort Code 20-83-69 Account Number 53665976

Please circle which method of payment you will use – BACS Cheque Cash

Password

As an extra measure of security please create a password for your child. This will be known by the person picking your child up and will be asked for by a member of staff if they do not recognise this person.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of people who will collect my child/children and their contact details:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please details below any dietary or allergy requirements:

Declaration

I agree to the terms and conditions regarding arrival and departure procedures.

I agree to the terms and conditions including that all fees are payable in advance and any session changes are made in advance.

I agree that any medical information the school hold can be shared with CNS Sports Stars

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_