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.

Your child's name:					
		CNS Sports Club **ONLY** (just for Y1 to Y6) 3.15-4.15pm **£2.50**	CNS Sports Club/Activities **AND** Extra Provision 3.15-5.30pm **£6.50**	Another school club followed by the extra CNS provision 4.15-5.30pm **£4**	Child Care for child in Reception from 3:15 to 5:30 pm. **£6.50**
Tuesday – Multi Sport	23-Apr				
Wednesday – Cricket	24-Apr				
Thursday – Dodgeball	25-Apr				
Friday – Athletics	26-Apr				
Monday – Small ball games	29-Apr				
Tuesday – Multi Sport	30-Apr				
Wednesday – Cricket	1-May				
Thursday – Dodgeball	2-May				
Friday - Athletics	3-May				
Tuesday – Multi Sport	7-May				
Wednesday – Cricket	8-May				
Thursday – Dodgeball	9-May				
Friday - Athletics	10-May				
Monday – Small ball games	13-May				
Tuesday – Multi Sport	14-May				
Wednesday – Cricket	15-May				
Thursday – Dodgeball	16-May				
Friday - Athletics	17-May				
Monday – Small ball games	20-May				
Tuesday – Multi Sport	21-May				
Total Payment		£	£	£	

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

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

Payment Details: **Sort Code:** 20-83-69   **Account Number:** 53665976

Password (Only fill this side in if this if your first time using Child Care or if password has changed.)

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 _____

Emergency Contact Number:_____

Date: _____