



## 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.

Day/Club/Date		CNS Sports Club <b>ONLY</b> (Just for Y1 to Y6) 3.15-4.15pm <b>£2.50</b>	CNS Sports Club/Activities <b>AND</b> Extra Provision 3.15-5.30pm <b>£6.50</b>	Another school club followed by the extra CNS provision 4.15-5.30pm <b>£4</b>	Child Care for child in Reception from 3:15 to 5:30 pm. <b>£6.50</b>
Name _____					
Monday – Cricket	6- Jan				
Tuesday – Multi Sport	7- Jan				
Wednesday – Apparatus	8- Jan				
Thursday – Dodgeball	9- Jan				
Friday - Table Tennis	10- Jan				
Monday – Cricket	13- Jan				
Tuesday – Multi Sport	14- Jan				
Wednesday – Apparatus	15- Jan				
Thursday – Dodgeball	16- Jan				
Friday - Table Tennis	17- Jan				
Monday – Cricket	20- Jan				
Tuesday – Multi Sport	21- Jan				
Wednesday – Apparatus	22- Jan				
Thursday – Dodgeball	23- Jan				
Friday - Table Tennis	24- Jan				
Monday – Cricket	27- Jan				
Tuesday – Multi Sport	28- Jan				
Wednesday – Apparatus	29- Jan				
Thursday – Dodgeball	30- Jan				
Friday - Table Tennis	31- Jan				
Monday – Cricket	3- Feb				
Tuesday – Multi Sport	4- Feb				
Wednesday – Apparatus	5- Feb				
Thursday – Dodgeball	6- Feb				
Friday - Table Tennis	7- Feb				
Monday – Cricket	10- Feb				
Tuesday – Multi Sport	11- Feb				
Wednesday – Apparatus	12- Feb				
Thursday – Dodgeball	13- Feb				
Friday - Table Tennis	14- Feb				

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:

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### 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: \_\_\_\_\_