



RAVENSDALE JUNIOR SCHOOL  
 APRIL 2019  
 AFTER SCHOOL CLUB BOOKING FORM

Child's name ..... Class .....

Emergency contact details between 3.15pm – 6.00pm

Name:.....Telephone number.....

Allergies: .....

Please highlight when a place is required on the calendar by **Monday 25<sup>th</sup> March**

	Monday	Tuesday	Wednesday	Thursday	Friday
April	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
April	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
April	15 <sup>th</sup>	16 <sup>th</sup>	17 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>
April	22 <sup>nd</sup>	23 <sup>rd</sup>	24 <sup>th</sup>	25 <sup>th</sup>	26 <sup>th</sup>
April	29 <sup>th</sup>	30 <sup>th</sup>			

I enclose a cheque (made payable to Derby City Council) for £ ..... total amount for ..... sessions at £9.00 a day OR payment will be made using childcare vouchers from the following company .....

I understand no refunds will be made due to absence or cancellation.

Signed: ..... Parent/carer

Please print name: .....

Email address: .....

PLEASE RETURN THIS FORM TO MRS M ALBUTT AS SOON AS POSSIBLE TO RESERVE A PLACE  
 admin@ravensdalej.derby.sch.uk