



RAVENSDALE JUNIOR SCHOOL  
 JANUARY 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 17<sup>th</sup> December**

|         | Monday           | Tuesday          | Wednesday        | Thursday         | Friday           |
|---------|------------------|------------------|------------------|------------------|------------------|
| January | 7 <sup>th</sup>  | 8 <sup>th</sup>  | 9 <sup>th</sup>  | 10 <sup>th</sup> | 11 <sup>th</sup> |
| January | 14 <sup>th</sup> | 15 <sup>th</sup> | 16 <sup>th</sup> | 17 <sup>th</sup> | 18 <sup>th</sup> |
| January | 21 <sup>st</sup> | 22 <sup>nd</sup> | 23 <sup>rd</sup> | 24 <sup>th</sup> | 25 <sup>th</sup> |
| January | 28 <sup>th</sup> | 29 <sup>th</sup> | 30 <sup>th</sup> | 31st             |                  |

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