



RAVENSDALE JUNIOR SCHOOL
MAY 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 **Wednesday 10th April.**

	Monday	Tuesday	Wednesday	Thursday	Friday
May			1 st	2 nd	3 rd
May	6 th	7 th	8 th	9 th	10 th
May	13 th	14 th	15 th	16 th	17 th
May	20 th	21 st	22 nd	23 rd	24 th

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