



RAVENSDALE JUNIOR SCHOOL  
NOVEMBER 2018  
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 **Friday 26<sup>th</sup> October**

	Monday	Tuesday	Wednesday	Thursday	Friday
November	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>
November	12 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>	15 <sup>th</sup>	16 <sup>th</sup>
November	19 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>	22 <sup>nd</sup>	23 <sup>rd</sup>
November	26 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>	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