



RAVENSDALE JUNIOR SCHOOL
OCTOBER 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 please return by **Monday September 24th**.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------|------------------|------------------|------------------|------------------|------------------|
| October | 1 st | 2 nd | 3 rd | 4 th | 5 ^h |
| October | 8 th | 9 th | 10 th | 11 th | 12 th |
| October | 15 th | 16 th | 17 th | 18 th | 19 th |
| October | 22 nd | 23 rd | 24 th | 25 th | 26 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