



RAVENSDALE JUNIOR SCHOOL
 SEPTEMBER 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:

	Monday	Tuesday	Wednesday	Thursday	Friday
September	INSET	INSET	INSET	6 th	7 th
September	10 th	11 th	12 th	13 th	14 th
September	17 th	18 th	19 th	20 th	21 st
September	24 th	25 th	26 th	27 th	28 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