	Children's Names	Age	School Attended	36 Thrush Close, Abbeydale, Glouce	ter GL4 4\	Booking Form VZ. Tel: 01452 304636 Mob: 07894 354 756 ww.theholidayclubgloucester.co.uk	
				Payment of Fees The first months/weeks fees are payable upon be	oking	Agreement to Terms and Conditions	
				and thereafter monthly or weekly in advance and on paid by either Cash, Cheque, Voucher, or of Transfer.	an be	✓ The After School club is open during term time on the dates as advertised by the Local Education Authority at Gloucestershire Coun- ty Council.	
	After School Club at Calton Primary School from close Start Date Mon Tue Wed Thu	of Schoc Fri	· · · · · · · · · · · · · · · · · · ·	Payment upon booking I enclose a cheque for the first Week/Months Further Payments	ees.	 I require the term time places on a regular weekly basis as indicated. The fees for the after schools club are payable monthly or weekly in advance. I confirm that I will pay the fees whether or not my 	
	School Holidays at Calton Primary School October 20)23 to Jui	ne 2024	I will send my payment via cheque, Voucher or Online Transfer to arrive before the week in wh the fees are due.	ich	 child/ren attend. I also agree to pay when my child/ren do not attend as a result of in-service days, occasional days off and family holidays taken during term-time etc. 	
1	Week Mon Tue Wed Thu Commencing AM PM AM PM AM PM AM PM 23 Oct 2023	Fri AM F	Fees	If you wish to make online payments please us following details.	e the	☑ I confirm that I would like to book the holiday places as indicated and that I will pay all fees whether or not my child/ren attend.	
2	30 Oct 2023 30 Oct 2023 25 Dec 2023 30 Oct 2023			Bank: Barclays Sort Code: 20-33-83 Account Name: The Holiday Club Account No: 53505316		☑ If I wish to permanently cancel all or part of my booking I agree that I will give one months notice in writing I confirm that I will pay all fees due during the notice period	
4	1 Jan 2024			(Please use Child's name as a reference)			
7	7 1 April 2024			I confirm that I give permission for emergency medical treatment for my child(ren). I give permission for photographs to be taken of my child(ren) for the clubs use only. I give permission for my child(ren) to participate in off venue activities.			
	Please indicate the number places that you require would be great if you could leave any sessions you	e each day.	lt	Parents Carers Name			
Tuesday 31st October 2023 Halloween Party - 2pm -5pm Friday 5th April 2024 Wild Place Project Trip—9am-6pm - £25.00				Address Postcode	Phone		
	Friday 5th April 2024 Wild Place Project T Wednesday 29th May 2024 Park and Picnic Trip	·		Email Signed		Date	