

AFTERSCHOOL BOOKING FORM - Dec '19

Pupil(s) Name(s): _____ Class: _____

(Please tick the days you wish your child to attend and bear in mind any after-school activities, eg: Gaelic coaching, soccer, Healthy Kidz etc)

ONE FORM PER FAMILY (Please write the child(rens) name(s) in times required)

Day	Date	8.00 - 9.00	2.00 - 3.00	3.00 - 4.00	4.00-5.00
Friday					
MONDAY	2				
Tuesday	3				
Wednesday	4				
Thursday	5				
Friday	6				
MONDAY	9				
Tuesday	10				
Wednesday	11				
Thursday	12				
Friday	13				
MONDAY	16				
Tuesday	17				
Wednesday	18				
Thursday					
Friday					
MONDAY					
Tuesday					
Wednesday					
Thursday					
Friday					

	1 CHILD	2 CHILDREN	3 CHILDREN +
8 - 8.45am	£2.00	£3.00	£4.00
2 - 3pm	£3.00	£5.50	£8.00
3 - 4.00pm	£3.00	£5.50	£8.00
4 - 5.00pm	£3.00	£5.50	£8.00

For office use only

Total Due _____

Amt. Paid _____

Payment Date _____

Form and payment due before:

25th November 2019