|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILDS DETAILS** | | | | | | | | | | | | |
| **Name** |  | | | | **DOB** | |  | | | **Class** |  | |
| **PARENT/CARER CONTACT DETAILS** | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | |
| **Home Tel** | |  | | **Mobile** | | |  | | | **Work No** | |  |
| **Email** |  | | | | | | | | | | | |
| **OTHER EMERGENCY CONTACT DETAILS** | | | | | | | | | | | | |
| **Name & Address :** | | | | | | | | **Relationship** | | | | |
| **Home Tel :** | | | | **Mobile :** | | | | | | **Work :** | | |
| **Booking form – AFTER SCHOOL CARE**  ***Tick the day and session you wish your child to attend*** | | | | | | | | | | | | |
| **Pre-Booked Sessions**  **(Bkd before 3.15pm by previous Friday)**  **£** | | | **Monday** | | | **Tuesday** | | | **Wednesday** | | | **Thursday** |
| **Full Session**  **3.15-5.30 9.50** | | |  | | |  | | |  | | |  |
| **Half Session**  **3.15-4.15 5.00** | | |  | | |  | | |  | | |  |
| **After a School Club**  **4.15-5.30 5.70** | | |  | | |  | | |  | | |  |
| **Ad Hoc Sessions**  **(on day/week of booking)**  **£** | | | **Monday** | | | **Tuesday** | | | **Wednesday** | | | **Thursday** |
| **Ad Hoc - Full Session**  **3.15-5.30 11.00** | | |  | | |  | | |  | | |  |
| **AD-Hoc - Half Session**  **3.15-4.15 5.50** | | |  | | |  | | |  | | |  |
| **AD-Hoc- After a School Club**  **4.15-5.30 6.60** | | |  | | |  | | |  | | |  |
| **Requested dates:**  I would like my child:-   * to attend from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **OR**   * to attend from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSON AUTHORISED TO COLLECT MY CHILD** | | | |
| **Name :** | | **Relationship :** | |
| **Tel:** | **Mobile:** | | **Work:** |
| **Any others authorised :**  **Name & Tel:** | | | |

Please list here any **allergies** your child has:

Please list any **medical conditions** your child has:

In signing this form, I declare the information to be true and accurate. I have read the Terms and Conditions of the Barcombe After School Care Service and agree to follow its policies and procedures including the late collection policy, all stated in our After School Care Parent/Carer information.

**Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**