

Payment is expected with booking. Please use the fees calculator below to calculate the fees due each month and send payment accordingly.

Club Type	Fees	Sessions booked in Feb	Total Enclosed for Feb	Sessions booked in Mar/Apr	Total Enclosed for Mar/Apr
Breakfast Club	£6.00				
Sibling Rate/Full Week rate	£5.50				
After-school Club	£12.50				
Sibling Rate/Full Week rate	£12.00				
Total					

Amount Enclosed: Child's Name:	
For Office Use Only	
Feb payment received with booking Ye Feb Amount received: £	
March payment received with booking March amount received: £	
Payment type:	Date Rec



www.adventureclubwatford.co.uk info@adventureclubwatford.co.uk



#### ORCHARD PRIMARY





# BOOKING FORM

20 February 2017 TO 31 March 2017



#### BREAKFAST CLUB BOOKING ONLY



## 20 February 2017 to 31 March 2017

School: \_\_\_\_\_ Class: \_\_\_\_

Please indicate your child's	attend	lanc	e with a tick. Requests for c	hange	s to
attendance must be receive	d 5 da	ys t	pefore the expected date of (	atteno	dance.
Changes that do not fulfil t	his cri	teri	on will be charged as if the c	hild at	tende
Week 1			Week 4		
Monday 20 Feb 2017	[	]	Monday 13 Mar 2017	[	]
Tuesday 21 Feb 2017	[	]	Tuesday 14 Mar 2017	[	]
Wednesday 22 Feb 2017	[		Wednesday 15 Mar 2017	[	]
Thursday 23 Feb 2017			Thursday 16 Mar 2017	[	]
Friday 24 Feb 2017	[		Friday 17 Mar 2017	[	]
Week 2			Week 5		
Monday 27 Feb 2017	[	]	Monday 20 Mar 2017	[	]
Tuesday 28 Feb 2017	[	]	Tuesday 21 Mar 2017	[	]
Wednesday 1 Mar 2017	[	]	Wednesday 22 Mar 2017	[	]
Thursday 2 Mar 2017	[	]	Thursday 23 Mar 2017	[	]
Friday 3 Mar 2017	[	]	Friday 24 Mar 2017	[	]
Week 3			Week 6		
Monday 6 Mar 2017	[	]	Monday 27 Mar 2017	[	]
Tuesday 7 Mar 2017	[	]	Tuesday 28 Mar 2017	[	]
Wednesday 8 Mar 2017	[	]	Wednesday 29 Mar 2017	[	]
Thursday 9 Mar 2017	[	]	Thursday 30 Mar 2017	[	]
Friday 10 Mar 2017	[	]	Friday 31 Mar 2017	[	]
Parent/Carer's Name:			Tel:		
	Dietary Requirements;				
			Password:		
Signature:	Date	.:			

### AFTER-SCHOOL CLUB BOOKING ONLY



# 20 February 2017 to 31 March 2017

School:	Class:	Class:			
Teacher:					
Please indicate your child's	atteno	anc	e with a tick. Requests for cl	nanges	s to
attendance must be receive	d 5 da	ys t	pefore the expected date of o	attend	dance
Changes that do not fulfil t	his cri	teri	on will be charged as if the cl	nild at	tend
Week 1			Week 4		
Monday 20 Feb 2017	[	]	Monday 13 Mar 2017	[	]
Tuesday 21 Feb 2017	[	]	Tuesday 14 Mar 2017	[	]
Wednesday 22 Feb 2017	[	]	Wednesday 15 Mar 2017	[	]
Thursday 23 Feb 2017	[	]	Thursday 16 Mar 2017	[	]
Friday 24 Feb 2017	[	]	Friday 17 Mar 2017	[	]
Week 2			Week 5		
Monday 27 Feb 2017	[	]	Monday 20 Mar 2017	[	]
Tuesday 28 Feb 2017	[	]	Tuesday 21 Mar 2017	[	]
Wednesday 1 Mar 2017	[	]	Wednesday 22 Mar 2017	[	]
Thursday 2 Mar 2017	[	]	Thursday 23 Mar 2017	[	]
Friday 3 Mar 2017	[	]	Friday 24 Mar 2017	[	]
Week 3			Week 6		
Monday 6 Mar 2017	[	]	Monday 27 Mar 2017	[	]
Tuesday 7 Mar 2017	[	]	Tuesday 28 Mar 2017	[	]
Wednesday 8 Mar 2017	[	]	Wednesday 29 Mar 2017	[	]
Thursday 9 Mar 2017	[	]	Thursday 30 Mar 2017	[	]
Friday 10 Mar 2017	[	]	Friday 31 Mar 2017	[	]
Parent/Carer's Name:			Tel:		
Email:	Dietary Requirements;				
Additional Needs:			Password:		
Signature:	_ Date	:			