



# Booking Form - Holiday Club

A form must be completed for each child.

<b>Child's Full Name:</b>					
<b>Date of Birth:</b>					
<b>Name of Parent / Carer:</b>					
<b>Contact Address:</b>					
<b>Home Telephone Number:</b>					
<b>Mobile Number:</b>					
<b>Email Address:</b>					
<b>Requested Holidays:</b>		<b>Please tick appropriate holiday session</b>			
<b>October</b>	<b>Christmas</b>	<b>February</b>	<b>May</b>	<b>Summer</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Requested Days:</b>		<b>Please tick appropriate sessions</b>			
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning Session (8am - 1pm)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon Session (1pm - 6pm)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Days requiring breakfast:</b>		<b>Please tick appropriate sessions</b>			
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Any Other Relevant Information:</b>					
<b>Signature of Parent / Carer:</b>					
<b>Date:</b>					

Please complete this form and return it to school reception or Jimmy Grimboll's Management Team during session time or alternatively email / post the form using the information at the bottom.

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