

**AFTER SCHOOL CARE – BOOKING FORM**

**This booking form should be completed and emailed to** **secretary@cumnorhouse.com** **or handed to the main school office at least 2 weeks prior to the commencement of a term please.**

PUPIL NAME:……………………………………………………………………

CLASS:………………………………..

FORM COMPLETED BY:………………………………………………………………….

**ADVANCE BOOKINGS**

Please tick the relevant day/s of the week that after school care is required:

 Monday Tuesday Wednesday Thursday Friday

**ADHOC BOOKINGS**

Please advise the date/s that after school care is required:

Date:……………………………………………… Please tick here if this booking is due to cancellation of an after school club/activity.

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