

## AFTER SCHOOL CARE – BOOKING FORM

This booking form should be completed and emailed to <u>admin@cumnorhouse.com</u> 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 re	equired:	
Monday T	uesday	Wednesday	Thursday	Friday
ADHOC BOOKINGS				
Please advise the date/s that aft	er school care i	s required:		
ate: Please tick here if this booking is due to cancellation of an at school club/activity.				cellation of an after
Date: Please tick here if this booking is due to cancellation of an school club/activity.			cellation of an after	
Date:		se tick here if this bo ol club/activity.	oking is due to can	cellation of an after
Date:	Please tick here if this booking is due to cancellation of an after school club/activity.			
Date:		se tick here if this bo ol club/activity.	oking is due to can	cellation of an after