

BOOKING FORM

CONTACT DETAILS OF PERSON HOLDING PARENTAL RESPONSIBILITY

Parent /Carer name _____

Address _____

Telephone (mobile) _____ Emergency Name/No. _____

Person who will regularly pick up (if walking unaccompanied please state) _____

ACTIVITIES START W/C - MONDAY 31ST OCTOBER - FRIDAY 16TH DECEMBER

PLEASE TICK RELEVANT BOXES AND FILL IN TOTAL COST

CHILDS NAME _____ **D.O.B** _____ **CLASS** _____

MONDAY Cooking £38.50 <input type="checkbox"/>	Multi sports £31.50 <input type="checkbox"/>	Rec activities £31.50 <input type="checkbox"/>	Late pick up £17.50 <input type="checkbox"/>
TUESDAY Cooking £38.50 <input type="checkbox"/>	Multi sports £31.50 <input type="checkbox"/>	Rec activities £31.50 <input type="checkbox"/>	Late pick up £17.50 <input type="checkbox"/>
WED Creative Design £38.50 <input type="checkbox"/>	Football £31.50 <input type="checkbox"/>	Rec activities £31.50 <input type="checkbox"/>	Late pick up £17.50 <input type="checkbox"/>
THURSDAY Drama £31.50 <input type="checkbox"/>		Rec activities £31.50 <input type="checkbox"/>	Late pick up £17.50 <input type="checkbox"/>
FRI Creative Design £38.50 <input type="checkbox"/>		Rec activities £31.50 <input type="checkbox"/>	Late pick up £17.50 <input type="checkbox"/>

TOTAL COST FOR HALF TERM =

SIBLING NAME _____ **D.O.B** _____ **CLASS** _____

MONDAY Cooking £35 <input type="checkbox"/>	Multi sports £28 <input type="checkbox"/>	Rec activities £28 <input type="checkbox"/>	Late pick up £17.50 <input type="checkbox"/>
TUESDAY Cooking £35 <input type="checkbox"/>	Multi sports £28 <input type="checkbox"/>	Rec activities £28 <input type="checkbox"/>	Late pick up £17.50 <input type="checkbox"/>
WED Creative Design £35 <input type="checkbox"/>	Football £28 <input type="checkbox"/>	Rec activities £28 <input type="checkbox"/>	Late pick up £17.50 <input type="checkbox"/>
THURSDAY Drama £28 <input type="checkbox"/>		Rec activities £28 <input type="checkbox"/>	Late pick up £17.50 <input type="checkbox"/>
FRI Creative Design £35 <input type="checkbox"/>		Rec activities £28 <input type="checkbox"/>	Late pick up £17.50 <input type="checkbox"/>

TOTAL COST FOR HALF TERM =

Places are on a first come first served basis. Please return booking forms to school office or send direct to Chris Coley 12 Woodlands Park Rd Bournville B30 1EZ. **RETURN BY THURS 20TH OCT**

PAYMENT DETAILS - cheques payable to Sportszone or online pay Coley Sports Ltd
Sort code 40-11-20 Account No. 91628011 (Ref Bournville ASC and name)

Registered 7477846 Registration VAT Number 107 1684

If you have any queries please contact Louise Abrahams 07923672992 / Chris Coley 07976724952 or
Email sportszone@sky.com



After School Club Medical Form

Please fill out all sections of the form. If a section is not applicable please mark box with N/A.

After School Club does not have access to medical information you provide to either the infant or junior school. Please ensure you provide up-to date details of your child's medical needs.

Name of Child:	
----------------	--

Date of Birth:		Class:	
----------------	--	--------	--

Contact Details Of Parents/carers:	Name:	
	Relationship to child:	
	Phone Number 1:	
	Phone Number 2:	

Contact Details Of Parents/carers:	Name:	
	Relationship to child:	
	Phone Number 1:	
	Phone Number 2:	

Emergency contact Details: 1	Name:	
	Relationship to child:	
	Phone number:	

Emergency contact Details: 2	Name:	
	Relationship to child:	
	Phone number:	

Details of Allergies: (to include food allergies e.g. penicillin, hayfever, nuts)	
--	--

Does your child have medication in school for these allergies? Please give details:	
--	--

Dietary requirements or restrictions:	
---------------------------------------	--

Does your child suffer from asthma?	
Do they have an inhaler in school?	

Any other medical needs:	
--------------------------	--

Signed:		Parent / Guardian
---------	--	-------------------

Date:
