



# Coxheath Primary School

## Extended Services Booking Form



Childs Full Name: .....

Date of Birth: ..... Class: .....

Address: .....

**1<sup>st</sup> Contact details:**

Name: ..... Relation to child: .....

Mobile: ..... Home telephone: .....

Email: .....

**2<sup>nd</sup> Contact details:**

Name: ..... Relation to child: .....

Mobile: ..... Home telephone: .....

Email: .....

Emergency Contact: ..... Relation to child: .....

Emergency Contact Number: .....

Dietary requirements (allergies): .....

Medical needs (Please add anything here that breakfast club/after school club staff would need to know.)

Please note we operate a password procedure which is implemented if your child is to be collected by anyone other than the legal guardian. Can you please indicate below the password you wish is to use.

PASSWORD: .....

Are you happy for your child to watch a PG rated film? YES/NO (Delete as necessary)

**Breakfast Club: £3.50 per session** Please tick the days' care is required

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Date from which you would like the place: .....

**After School Club: £10 per session:** Please tick the days' care is required

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Date from which you would like the place: .....

<b>Agreed method of payment</b>	Daily	Weekly	Monthly	Termly
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Signed: ..... Date: .....