**Extended Services Booking Form**

Please complete and sign the form below and return by the end of **Thursday each week for the following weeks booking**. All bookings are subject to availability. If you have not already completed a registration form please contact Jenette Rawson in the Nursery Office.

Contact Details: 0114 2470564/afterschool club mobile 07493389787

|  |  |
| --- | --- |
| **Booking for Week Commencing** |  |

|  |  |  |
| --- | --- | --- |
| **Childs Name** | **Year** | **Class** |
|  |  |  |
|  |  |  |
|  |  |  |

***Breakfast Club***

***please tick required day(s)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

***Superkids Afterschool Club***

***please tick required day(s) also an indication of pick up time would be useful***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |
| Please indicate choice of sandwich:  **Cheese**  **Ham**  **Jam** | Please indicate choice of sandwich:  **Cheese**  **Ham**  **Jam** | Please indicate choice of sandwich:  **Cheese**  **Ham**  **Jam** | Please indicate choice of sandwich:  **Cheese**  **Ham**  **Jam** | Please indicate choice of sandwich:  **Cheese**  **Ham**  **Jam** |
| **Pick up time:** | **Pick up time:** | **Pick up time:** | **Pick up time:** | **Pick up time:** |

|  |  |  |
| --- | --- | --- |
| **Signed** | **Name** | **Date** |
|  |  |  |
| **Parent Telephone Number (in case of emergency** |  | |
| **Parent/Carer Email Address** |  | |

**OFFICE USE ONLY:**

|  |  |  |
| --- | --- | --- |
| **Bubble** | **Location** | **Staffing** |
|  |  |  |