

Spring
Fees Calculator

Payment is expected with booking. Please use the fees calculator below to calculate the fees due each month and send payment accordingly.

Club Type	Fees	Sessions booked in Feb	Total Enclosed for Feb	Sessions booked in Mar/Apr	Total Enclosed for Mar/Apr
Breakfast Club	£7.00				
Sibling Rate/Full Week rate	£6.70				
After-school Club	£13.50				
Sibling Rate/Full Week rate	£13.00				
Total					

Amount Enclosed: _____

Child's Name: _____

For Office Use Only

Feb payment received with booking Yes [] No [] W M HT

Feb Amount received: £ _____ Cash [] Voucher []

Bank Transfer []

March payment received with booking: Yes [] No []

March amount received: £ _____ Cash [] Voucher []

Bank Transfer []

Payment type: _____ Date Rec _____



SUN POSTAL



BOOKING FORM

20 February 2017 TO 31 March 2017



 **07525 001 964/07885 540 062** 

www.adventureclubwatford.co.uk

info@adventureclubwatford.co.uk

BREAKFAST CLUB BOOKING ONLY



20 February 2017 to 31 March 2017

Name: _____ Age: _____
 School: _____ Class: _____
 Teacher: _____

Please indicate your child's attendance with a tick. **Requests for changes to attendance must be received 5 days before the expected date of attendance.** Changes that do not fulfil this criterion will be charged as if the child attended.

Week 1		Week 4	
Monday 20 Feb 2017	[]	Monday 13 Mar 2017	[]
Tuesday 21 Feb 2017	[]	Tuesday 14 Mar 2017	[]
Wednesday 22 Feb 2017	[]	Wednesday 15 Mar 2017	[]
Thursday 23 Feb 2017	[]	Thursday 16 Mar 2017	[]
Friday 24 Feb 2017	[]	Friday 17 Mar 2017	[]

Week 2		Week 5	
Monday 27 Feb 2017	[]	Monday 20 Mar 2017	[]
Tuesday 28 Feb 2017	[]	Tuesday 21 Mar 2017	[]
Wednesday 1 Mar 2017	[]	Wednesday 22 Mar 2017	[]
Thursday 2 Mar 2017	[]	Thursday 23 Mar 2017	[]
Friday 3 Mar 2017	[]	Friday 24 Mar 2017	[]

Week 3		Week 6	
Monday 6 Mar 2017	[]	Monday 27 Mar 2017	[]
Tuesday 7 Mar 2017	[]	Tuesday 28 Mar 2017	[]
Wednesday 8 Mar 2017	[]	Wednesday 29 Mar 2017	[]
Thursday 9 Mar 2017	[]	Thursday 30 Mar 2017	[]
Friday 10 Mar 2017	[]	Friday 31 Mar 2017	[]

Parent/Carer's Name: _____ Tel: _____
 Email: _____ Dietary Requirements: _____
 Additional Needs: _____ Password: _____
 Signature: _____ Date: _____

AFTER-SCHOOL CLUB BOOKING ONLY



20 February 2017 to 31 March 2017

Name: _____ Age: _____
 School: _____ Class: _____
 Teacher: _____

Please indicate your child's attendance with a tick. **Requests for changes to attendance must be received 5 days before the expected date of attendance.** Changes that do not fulfil this criterion will be charged as if the child attended.

Week 1		Week 4	
Monday 20 Feb 2017	[]	Monday 13 Mar 2017	[]
Tuesday 21 Feb 2017	[]	Tuesday 14 Mar 2017	[]
Wednesday 22 Feb 2017	[]	Wednesday 15 Mar 2017	[]
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Week 2		Week 5	
Monday 27 Feb 2017	[]	Monday 20 Mar 2017	[]
Tuesday 28 Feb 2017	[]	Tuesday 21 Mar 2017	[]
Wednesday 1 Mar 2017	[]	Wednesday 22 Mar 2017	[]
Thursday 2 Mar 2017	[]	Thursday 23 Mar 2017	[]
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Monday 6 Mar 2017	[]	Monday 27 Mar 2017	[]
Tuesday 7 Mar 2017	[]	Tuesday 28 Mar 2017	[]
Wednesday 8 Mar 2017	[]	Wednesday 29 Mar 2017	[]
Thursday 9 Mar 2017	[]	Thursday 30 Mar 2017	[]
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Parent/Carer's Name: _____ Tel: _____
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