

Fees Calculator

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

Club Type	Fees	Sessions booked in April	Total Enclosed April	Sessions booked May	Total Enclosed May
Breakfast Club	£7.00				
Sibling Rate/Full Week rate	£6.70				
After-school Club	£13.50				
Sibling Rate/Full Week rate	£13.00				
Up to 4.30pm	£9.00				
Adhoc Booking	£14.00				
Total			£		£

Amount Enclosed: _____

Child's Name: _____

For Office Use Only

April payment received with booking Yes [] No [] W M HT
 April amount received: £ _____ Cash [] Voucher []
 Bank Transfer []

May payment received with booking: Yes [] No []
 May amount received: £ _____ Cash [] Voucher []
 Bank Transfer []

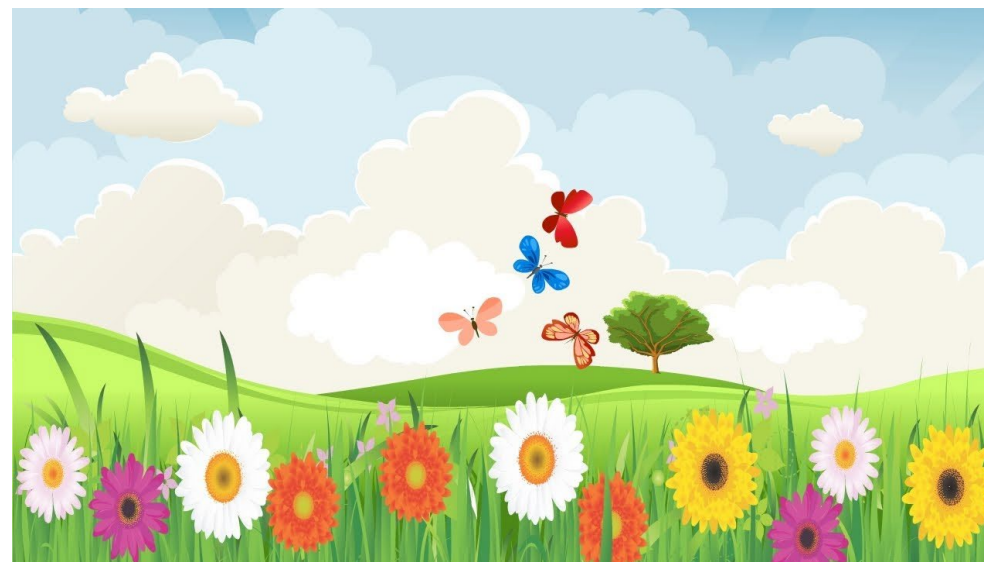
Payment type: _____ Date Rec _____


07525 001 964/07885 540 062


www.adventureclubwatford.co.uk



Sun Postal Sports Club



Breakfast and Afterschool Club

BOOKING FORM

23 April 2019 to 24 May 2019

(Hot meals included)



BREAKFAST CLUB BOOKING ONLY
23 April 2019 to 24 May 2019

Name: _____ DoB: _____ Age: _____
 Address: _____
 Class: _____ Teacher: _____

Please indicate your child's attendance with a tick. **Cancellation should be received no longer than 5 working days before the expected date of attendance.** The booking will otherwise be charged as if the child attended.

Week 1		Week 4	
Monday 22 April 2019	[]	Monday 13 May 2019	[]
Tuesday 23 April 2019	[]	Tuesday 14 May 2019	[]
Wednesday 24 April 2019	[]	Wednesday 15 May 2019	[]
Thursday 25 April 2019	[]	Thursday 16 May 2019	[]
Friday 26 April 2019	[]	Friday 17 May 2019	[]

Week 2		Week 5	
Monday 29 April 2019	[]	Monday 20 May 2019	[]
Tuesday 30 April 2019	[]	Tuesday 21 May 2019	[]
Wednesday 1 May 2019	[]	Wednesday 22 May 2019	[]
Thursday 2 May 2019	[]	Thursday 23 May 2019	[]
Friday 3 May 2019	[]	Friday 24 May 2019	[]

Week 3
Monday 6 May 2019 (Bank Holiday)

Tuesday 7 May 2019	[]
Wednesday 8 May 2019	[]
Thursday 9 May 2019	[]
Friday 10 May 2019	[]

Parent/Carer's Name: _____ Parent's Mobile: _____
 Email: _____
 Dietary Needs: _____ Password: _____
 Signature: _____ Date: _____



AFTER-SCHOOL CLUB BOOKING ONLY
23 April 2019 to 24 May 2019

Name: _____ DoB: _____ Age: _____
 Address: _____
 Class: _____ Teacher: _____

Please indicate your child's attendance with a tick. **Cancellation should be received no longer than 5 working days before the expected date of attendance.** The booking will otherwise be charged as if the child attended.

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Monday 22 April 2019	[]	Monday 13 May 2019	[]
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 Dietary Needs: _____ Password: _____
 Signature: _____ Date: _____