



# WHITEKNIGHTS AFTER SCHOOL CLUB: BOOKING FORM

**CHILD'S NAME:** ..... **DATE OF BIRTH:** ..... **AGE AT START OF TERM:** .....

Sessions required every term from now until further notice

Please tick appropriate box:

This is a new booking  
This is an amendment to an existing confirmed booking


**PLEASE TICK THE SESSIONS YOU REQUIRE:**

DAYS TO ATTEND	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START DATE (ENTER DATE UNDER APPROPRIATE DAY)					

**PLEASE NOTE:**

Bookings are subject to the Whiteknights After School Club Terms and Conditions, Admissions and Registration & Charging Policies

**SIGNATURE:** ..... **DATED:** .....

OFFICE USE ONLY:

**Appendix 1**

DATE RECEIVED: ..... BY: .....