



## Booking Form for CNS After School Sports Clubs and Child Care

When making your first booking for our provision please complete the following two pages.

<b>Your child's name:</b>		 		CNS Sports Club <b>ONLY</b> (just for Y1 to Y6) 3.15-4.15pm <b>£2.50</b>	CNS Sports Club/Activities <b>AND</b> Extra Provision 3.15-5.30pm <b>£6.50</b>	Another school club followed by the extra CNS provision 4.15-5.30pm <b>£4</b>	Child Care for child in Reception from 3:15 to 5:30 pm. <b>£6.50</b>
Monday – Small ball games	07-Jan						
Tuesday – Multi Sport	08-Jan						
Wednesday – SAQ (speed, agility quickness/Team races)	09-Jan						
Thursday – Dodgeball	10-Jan						
Friday – Table Tennis	11-Jan						
Monday – Small ball games	14-Jan						
Tuesday – Multi Sport	15-Jan						
Wednesday – SAQ	16-Jan						
Thursday – Dodgeball	17-Jan						
Friday - Table Tennis	18-Jan						
Monday – Small ball games	21-Jan						
Tuesday – Multi Sport	22-Jan						
Wednesday – SAQ	23-Jan						
Thursday – Dodgeball	24-Jan						
Friday - Table Tennis	25-Jan						
Monday – Small ball games	28-Jan						
Tuesday – Multi Sport	29-Jan						
Wednesday – SAQ	30-Jan						
Thursday – Dodgeball	31-Jan						
Friday - Table Tennis	01-Feb						
Monday – Small ball games	04-Feb						
Tuesday – Multi Sport	05-Feb						
Wednesday – SAQ	06-Feb						
Thursday – Dodgeball	07-Feb						
Friday - Table Tennis	08-Feb						
Monday – Small ball games	11-Feb						
Tuesday – Multi Sport	12-Feb						
Wednesday – SAQ	13-Feb						
Thursday – Dodgeball	14-Feb						
Friday - Table Tennis	15-Feb						
<b>Total Payment</b>		£		£		£	

Tick as appropriate - Payment can be made via BACS/cheque/cash

Please circle which method of payment you will use – BACS                      Cheque    Cash

**Payment Details:    Sort Code: 20-83-69    Account Number: 53665976**

Password (Only fill this side in if this if your first time using Child Care or if password has changed.)

As an extra measure of security please create a password for your child. This will be known by the person picking your child up and will be asked for by a member of staff if they do not recognise this person.

Name of child: \_\_\_\_\_

Password: \_\_\_\_\_

Names of people who will collect my child/children and their contact details:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please details below any dietary or allergy requirements:

Declaration

I agree to the terms and conditions regarding arrival and departure procedures.

I agree to the terms and conditions including that all fees are payable in advance and any session changes are made in advance.

I agree that any medical information the school hold can be shared with CNS Sports Stars

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent of: \_\_\_\_\_ Year \_\_\_\_\_

Contact: \_\_\_\_\_

Date: \_\_\_\_\_