

For office use only:
Date received: _____



**Extended Services provision for
ST MARY'S C of E PRIMARY SCHOOL**

Headteacher: Mrs J Chambers

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**After School Club Session
Booking Form – Spring 2019 (Term 1)**

Name & Class: _____

Please tick each box as required:

	w/c 31 Dec	w/c 7 Jan	w/c 14 Jan	w/c 21 Jan	w/c 28 Jan	w/c 4 Feb	w/c 11 Feb
MON	CLOSED						
TUES	CLOSED						
WED	CLOSED						
THUR	CLOSED						
FRI							

First and only child £7.50

Siblings £7.00

Please state here if your child has any allergies that the staff should be made aware of.

Please list below any after school clubs your child is attending:

Club: _____ Day: _____

Club: _____ Day: _____

Contact Details:

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Total payable: £ _____

via the online
payment system

childcare vouchers (please
provide proof of payment)

Please note: No booking will be processed unless payment has been received

**PLEASE DO NOT BRING YOUR CHILD TO THE HIVE UNLESS YOU HAVE RECEIVED CONFIRMATION OF
YOUR BOOKING**