Fowey Primary School
Windmill FOWEY Cornwall PL23 1HH Tel: 01726 832542 (office for bookings) 07716 765566 (mobile during opening times)

email: oceans@foweysch.org

website: www.fowey-ji.cornwall.sch.uk

After School Club Leader: Zoe Wearne After School Club Assistants: Jane Callaway/

Sharon Cannon



Office use only

AFTER SCHOOL CLUB BOOKING FORM

Please submit this form to the school office at least 24 hours in advance of the requested date.												
Name of Child/ren												
Ρl	ease place a tick	in the appropriate	e box for your requ	uired booking								
Current Charge £2.50 per hr/child ** Charge for period 5.05-5.30pm £1.50 **												
	eg 16/Sept	3.05-4.05pm	4.05-5.05pm	5.05-5.30p	om							
	Monday											
	/											
	Tuesday											
	/											
	Wednesday											
	/											
	Thursday											
	/											
	Friday											
	/											
	TICK HERE IF T	HIS IS AN ONGOIN	NG/REGULAR WEEK	LY BOOKING								
In the event of a session being over-subscribed, please provide a contact												
te	lephone number .											
Siç	gned	Date	Time									

*By signing this form, I agree to the terms and conditions as set out in the

Essential Information Booklet for Parents/Carers (June 2016)

Fowey Primary School
Windmill FOWEY Cornwall PL23 1HH Tel: 01726 832542 (office for bookings) 07716 765566 (mobile during opening times)

email: oceans@foweysch.org

website: www.fowey-ji.cornwall.sch.uk

After School Club Leader: Zoe Wearne After School Club Assistants: Jane Callaway/

Sharon Cannon



AFTER SCHOOL CLUB BOOKING FORM

ATTER SCHOOL GLOD DOCKING TOKIN											
Please submit this form to the school office at least 24 hours in advance of the requested date.											
Ν	ame of Child/ren .			•••••	• • • • • • • • • • • • • • • • • • • •	•••					
Ρl	ease place a tick	in the appropriate	e box for your requ	uired booking).						
Current Charge £2.50 per hr/child ** Charge for period 5.05-5.30pm £1.50 **											
	eg 16/Sept	3.05-4.05pm	4.05-5.05pm	5.05-5.30	pm						
	Monday										
	/										
	Tuesday										
	/										
	Wednesday										
	/										
	Thursday										
	/										
	Friday										
	/										
TICK HERE IF THIS IS AN ONGOING/REGULAR WEEKLY BOOKING											
In	the event of a ses	ssion being over-s	ubscribed, please	provide a co	ontact						
te	lephone number										
Si	gned		(parent/carer)		Date	Time					

*By signing this form, I agree to the terms and conditions as set out in the Essential Information Booklet for Parents/Carers (June 2016)

Office use only