Booking Form

School Tel: 01325 300326
Candles Tel: 07592 824996

Month **20**

Name of Child: _____ Class: _____

Please complete a separate booking sheet for each child

Please indicate which sessions you require with a ◯ in the appropriate box

Week Beginning	Mon		Tues		Wed		Thurs		Fri	
	am	pm	am	pm	am	pm	am	pm	am	pm

Week Beginning	Mon		Tues		Wed		Thurs		Fri	
	am	pm	am	pm	am	pm	am	pm	am	pm

Week Beginning	Mon		Tues		Wed		Thurs		Fri	
	am	pm	am	pm	am	pm	am	pm	am	pm

Week Beginning	Mon		Tues		Wed		Thurs		Fri	
	am	pm	am	pm	am	pm	am	pm	am	pm

Week Beginning	Mon		Tues		Wed		Thurs		Fri	
	am	pm	am	pm	am	pm	am	pm	am	pm

Print _____ **Sign** _____ **Date** _____

Email address for invoice

Invoices are sent out via email at the end of each month, payments due immediately.

Please notify Candles Club Via Email of changes

office@heighingtonprimary.org.uk (5 working days notice required for all cancellations)

Please tick boxes for the activity your child attends

	Mon	Tues	Wed	Thurs	Frid
French					
Homework					