**MILLFIELDS SCHOOL CLUB AUTUMN (2) (2020) Please tick the times you require and return to the school office by Monday 5th October 2020.**

**Name(s)……………………………………………………………………………………………..…Class(es)………………………………………………………………………………Amendments………………………………………………………………..**

|  |  |  |
| --- | --- | --- |
|  | **Cost: Mornings = 7.30am – 8.50 = £5.00 / 8.15am – 8.50 = £3.00** **Cost Afternoons = 3.15 – 4.15pm = £4.00 / 3.15 – 5.15pm = £8.00 / 3.15 – 5.30pm = £9.00 / 3.15 – 6.00pm = £11.00** |  |
| **Week****Commencing****Dates** | **Monday sessions** | **Tuesday sessions**  | **Wednesday sessions** | **Thursday sessions** | **Friday sessions** |
| **7.30 –****8.50** | **8.15 –** **8.50** | **3.15****-****4.15** | **-** **5.15** | **-****5.30** | **-****6.00** | **7.30 –** **8.50** | **8.15 –** **8.50** | **3.15****-****4.15** | **-** **5.15** | **-****5.30** | **-****6.00** | **7.30 –** **8.50** | **8.15 –** **8.50** | **3.15****-****4.15** | **-** **5.15** | **-****5.30** | **-****6.00** | **7.30 –****8.50** | **8.15 –** **8.50** | **3.15****-****4.15** | **-** **5.15** | **-****5.30** | **-****6.00** | **7.30****-****8.50** | **8.15****-** **8.50** | **3.15****-****4.15** | **-** **5.15** | **-****5.30** | **-****6.00** |
| **Wk.(1) –02.11.2020**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wk.(2) –09.11.2020**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wk. (3) –16.11.2020** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wk. (4) –23.11.2020** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wk. (5) –30.11.2020** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wk. (6) – 07.12.2020** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wk. (7) – 14.12.2020** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Please turn over to complete details and sign. Thank you.**

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| --- | --- |
| Number | Cost £ |
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|  |  |
|  |  |

Number of sessions @£5.00

|  |
| --- |
| Grand Total £ |

Number of sessions @ £3.00

Number of sessions @ £4.00

Number of sessions @ £8.00

Number of sessions @£9.00

Number of sessions @ £11.00

NAME AND CONTACT NUMBER OF VOUCHER COMPANY (If applicable):………………………………………………………………………………………..………………...…Customer Number………………………..…………………………………….

Parent’s name…………………………………………………………………………………….Address…………………………………………………………………………………………………………………………………………………………………….Post code………………..

Signed……………………………………………………………………………………..………….dated………………………………………………….

**PLEASE NOTE: SUBMITTING AND SIGNING THIS FORM MEANS YOU ARE ARGEEING TO PAY FOR THE SESSIONS BOOKED AND AGREE TO ALL TERMS AND CONDITIONS SET DOWN IN THE INFORMATION BOOKLET.**

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