I would like St. Bonaventure’s Kid ZonePlay scheme to look after my child/ren

Names & Class/School ………………………………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Costs** | **Full Day**8:30-17:45 | **Short Day**10:00 – 16:00 | **Half Day**8:30-13:00 or 13:15-17:45 |
| £23 | £16 | £12 |

**Monday 29th October to Friday 2nd November 2018**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Full Day** | **Short Day** | **Half Day**AM | **Half Day** PM |
| **Monday****29th** |  |  |  |  |
| **Tuesday****30th** |  |  |  |  |
| **Wednesday****31st** |  |  |  |  |
| **Thursday****1st** |  |  |  |  |
| **Friday****2nd**  |  |  |  |  |

**Total Cost for Kid Zone**

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment**  | **Cost per booking** | **Number Booked** | **Cost of bookings** |
| Full Day  | £23 |   |  |
|
| Short Day | £16 |   |   |
|
| Half Day  | £12 |   |   |
|
|  |  | **Total** |   |

**Payment Method**

Please indicate below how you wish to pay.

**I will pay in via** School Gateway / Cheque\* / Cash / Voucher

\*Payable to Bristol City Council– please clearly mark the reverse of your cheque with ‘play scheme’ and name of child(ren).

**Please note: booking is only accepted with payment**

**Please make notes below if there have been any changes to contact details, or any details to be added regarding your child e.g. new health condition or collecting parent/carers consent.**

|  |
| --- |
|  |

Signed Parent/Carer …………………………………………………..… Date……………………………………