I would like St. Bonaventure’s KidZone Playscheme to look after my child/ren

Name(s), Age and School……………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………..

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

**Booking:** Please select by ticking the relevant boxes.

 **Monday 12th to Friday 16th of February 2018**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Full Day** | **Short Day** | **Half Day**AM | **Half Day** PM |
| **Monday**12th  |  |  |  |  |
| **Tuesday**13th |  |  |  |  |
| **Wednesday**14th |  |  |  |  |
| **Thursday**15th |  |  |  |  |
| **Friday**16th |  |  |  |  |

**Paying:** Total Cost for KidZone

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

**Payment Method**

Please indicate below how you wish to pay.

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

**Booking is only accepted with payment.**

\*Payable to St Bonaventure’s School, please clearly mark the reverse of your cheque with ‘playscheme’ and name of child(ren).

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