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………………………………………………………