



# Booking form

Please fill in a form for each child you wish to reserve a place at .  
For full details of our terms and conditions, please see our website [www.orfordprimary.co.uk](http://www.orfordprimary.co.uk)

## Child's details

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ KNOWN AS (IF DIFFERENT) \_\_\_\_\_

YEAR GROUP IN SCHOOL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ NAME AND ADDRESS OF GP (INC TELEPHONE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY DIETARY REQUIREMENTS OR ALLERGIES \_\_\_\_\_  
\_\_\_\_\_

MEDICAL CONDITIONS (IF ANY) \_\_\_\_\_  
\_\_\_\_\_

## Parent/Carer details

FULL NAME \_\_\_\_\_ FULL NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

DAYTIME CONTACT NUMBER \_\_\_\_\_ DAYTIME CONTACT NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_ MOBILE NUMBER \_\_\_\_\_

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## Other authorised adult details — PLEASE GIVE DETAILS OF ANYONE ELSE WHO MAY COLLECT YOUR CHILD

FULL NAME

FULL NAME

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RELATIONSHIP TO CHILD

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RELATIONSHIP TO CHILD

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DAYTIME CONTACT NUMBER

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DAYTIME CONTACT NUMBER

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MOBILE NUMBER

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MOBILE NUMBER

**PASSWORD-** \_\_\_\_\_

TO BE USED BY ANY AUTHORISED CONTACT WHEN PICKING UP YOUR CHILD

Session	Cost	MON	TUES	WED	THURS	FRI
	Advance/Ad hoc					
3.00-4.00pm	£7/£8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.00-5.30pm	£7/8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.00-5.30pm	£13/£15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date to commence: \_\_\_\_\_ Date to end: \_\_\_\_\_

or until further notice

I agree to pay for sessions on Parentpay as they are charged.

*Please tick the box to confirm that you have read and understood the term and conditions*

SIGNED

DATE

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PRINT NAME