



Booking Form After School

Holywell Site

Name of Child/ren _____

Day	4.30pm	6.00pm	4.30 - 6.00pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

The above are the days I request for my child to attend Kayz Days until further notice. I will inform Kayz Days of any change complying with the terms & conditions.

Parents/Guardian/Carer

Signature _____ **Date** _____