



## **Booking Form After School**

Lickey Hills

**Name of Child/ren** \_\_\_\_\_

<u>Day</u>	<u>4.30pm</u>	<u>6.00pm</u>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

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** \_\_\_\_\_