



Fees Calculator



Full payment of the booking is expected in advance. Please use the fees calculator below to calculate the fees due.

Club Type	Fees	Sessions booked in Jan	Total Enclosed for Jan	Sessions booked in Feb	Total Enclosed for Feb
Breakfast Club	£7.00				
Sibling Rate/Full Week rate	£6.70				
After-school Club	£13.50				
Sibling Rate/Full Week rate	£13.00				
Ad hoc Booking	14.00				
Total			£		£

Amount Enclosed: _____
Child's Name: _____

For Office Use Only

Jan payment received with booking Yes [] No [] W M HT
Jan Amount received: £ _____ Cash [] Voucher [] Cheque []
Bank Transfer []

Feb payment received with booking: Yes [] No []
Feb amount received: £ _____ Cash [] Voucher [] Cheque []
Bank Transfer []

Payment type: _____ Date Rec _____



07525 001 964



www.adventureclubwatford.co.uk



BOOKING FORM

6 JANUARY 2014 TO 14 FEBRUARY 2014



BREAKFAST CLUB BOOKING ONLY



6 January 2014 to 14 February 2014

Name: _____ Age: _____
 School: _____ Class: _____
 Teacher: _____

Please indicate your child's attendance with a tick. **Cancellation notices should be made 5 days before the expected date of attendance.** Cancellations that do not fulfil this criterion will be charged as if the child attended.

Week 1		Week 4	
Monday 6 Jan 2014	[]	Monday 27 Jan 2014	[]
Tuesday 7 Jan 2014	[]	Tuesday 28 Jan 2014	[]
Wednesday 8 Jan 2014	[]	Wednesday 29 Jan 2014	[]
Thursday 9 Jan 2014	[]	Thursday 30 Jan 2014	[]
Friday 10 Jan 2014	[]	Friday 31 Jan 2014	[]

Week 2		Week 5	
Monday 13 Jan 2014	[]	Monday 3 Feb 2014	[]
Tuesday 14 Jan 2014	[]	Tuesday 4 Feb 2014	[]
Wednesday 15 Jan 2014	[]	Wednesday 5 Feb 2014	[]
Thursday 16 Jan 2014	[]	Thursday 6 Feb 2014	[]
Friday 17 Jan 2014	[]	Friday 7 Feb 2014	[]

Week 3		Week 6	
Monday 20 Jan 2014	[]	Monday 10 Feb 2014	[]
Tuesday 21 Jan 2014	[]	Tuesday 11 Feb 2014	[]
Wednesday 22 Jan 2014	[]	Wednesday 12 Feb 2014	[]
Thursday 23 Jan 2014	[]	Thursday 13 Feb 2014	[]
Friday 24 Jan 2014	[]	Friday 14 Feb 2014	[]

Parent/Carer's Name: _____ Signature: _____
 Tel: _____ Dietary Requirements: _____
 Additional Needs: _____ Date: _____

AFTER-SCHOOL CLUB BOOKING ONLY



6 January 2014 to 14 February 2014

Name: _____ Age: _____
 School: _____ Class: _____
 Teacher: _____

Please indicate your child's attendance with a tick. **Cancellation notices should be made 5 days before the expected date of attendance.** Cancellations that do not fulfil this criterion will be charged as if the child attended.

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Monday 6 Jan 2014	[]	Monday 27 Jan 2014	[]
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Parent/Carer's Name: _____ Signature: _____
 Tel: _____ Dietary Requirements: _____
 Additional Needs: _____ Date: _____