



WellDon Kids Club

Chartridge Combined School

Attendance Form

| | |
|---|--|
| Name of Child | |
| D.O.B | |
| Age of child | |
| Name of class and year group | |
| Start date (this is your child's first day of attendance) | |

My Child will be attending the following days EACH WEEK. Please tick the relevant boxes to confirm you child's attendance at the following sessions and times

After School Club

| Day | 3:10pm to 4:10pm finish | 3:10pm to 5:10pm finish | 3:10pm to 6:00pm finish |
|-----------|-------------------------|-------------------------|-------------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

I confirm I have read and completely understand the WellDon Kids Club fee policy.

I confirm that I understand that days booked by myself that are not attended by my child will still be payable.

I confirm that I understand that a 4-week notice period must be given to cancel/change or terminate the above days provided by myself

Name of Parent/carer –

Date-

Signature-