**Booking Form**

*Bar Hill Out of School Care (age 4-11 years)*

|  |  |
| --- | --- |
| **Childs Name** |  |
| **Dob** |  |
| **Home Address** |  |
| **Parent Home Phone / Mobile** |  |
| **Parent Email** |  |
| **Languages spoken at home** |  |
| **Current School Year/Class** |  |

|  |  |
| --- | --- |
| **Start Date** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please state exact pick up drop off time. | **Breakfast care**  **07:30 – 08:00** | **Breakfast**  **Care**  **08:00 - 08.45** | **After school care**  **15:20 – 18:00** | **Holiday care**  **May be required yes/no ?** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

Please return booking form once completed to [oosc@buttercupschildcareltd.co.uk](mailto:oosc@buttercupschildcareltd.co.uk)