

**OUT OF SCHOOL CLUB
HOLIDAY BOOKING FORM**



Spring Half Term

13th to 17th February

PLEASE KEEP THE TOP SECTION OF THIS FORM FOR REFERENCE.

TERMS AND CONDITIONS

Please circle the dates your child/ren would like to attend on the calendar. Work out the fees due and return the slip and your payment **as soon as possible**, to enable us to prepare the registers. **UNFORTUNATELY WE CANNOT MAKE REFUNDS FOR ABSENCES DUE TO HOLIDAYS, SICKNESS, VARIED SOCIAL ARRANGEMENTS, ETC.**

PLEASE LET US KNOW AS SOON AS POSSIBLE IF a different person than usual is to fetch your child from us or your child will not be attending a session that has been booked.

CONTACT AND MEDICAL INFORMATION

Please be sure we have your **CURRENT** phone numbers and those of an alternative adult who can be contacted if you are unavailable. Please complete a medical form for your child.

All children need to bring a packed lunch as this is eaten before 1pm.

FEES AND PAYMENT

Fees are 9 – 1pm = £17, 9 – 5pm = £30. A 10% discount applies for siblings attending at the same time (i.e. the first child pays full fee, their siblings pay discounted amount). **All fees must be paid in full before the club starts.** Please make cheques out to “Brighton & Hove Montessori Ltd” and write your child(ren)’s name(s) on the back.

**HOLIDAY CLUB STAFF CAN BE CONTACTED ON THE SCHOOL PHONE 01273 702485
OR ON THEIR MOBILE PHONE 07986 256887**

Brighton & Hove Montessori Ltd, 67 Stanford Avenue, Brighton, East Sussex BN1 6FB
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Company registered in England & Wales no. 4865322 Registered offices: 67 Stanford Avenue, Brighton, BN1 6FB

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Please book my child/ren for the Holiday Club dates which I have indicated below. I have enclosed payment in full.

Name of child/ren.....

Name + phone number of adult making booking

*Please circle the time you need each day, either 9 am to 1pm **or** 9 am – 5pm.*

February

February			
Mon	13	9 - 1	9 - 5
Tue	14	9 - 1	9 - 5
Wed	15	9 - 1	9 - 5
Thu	16	9 - 1	9 - 5
Fri	17	9 - 1	9 - 5

Total £..... Enclosed Signed (Parent/guardian)