

After School Club – Your bill renewal for Term 3



Name of Child/ Children : _____

I understand that:

- ❖ I will pay **£12.00** per session, per child.
- ❖ **Booking forms must be with the setting by the end of the previous term.**
- ❖ Payment is paid half termly and in advance, based on the application made below.
- ❖ Payment is expected for term time holidays and if your child is ill.
- ❖ I will give two weeks written notice of my intention to cancel my agreement.
- ❖ Should payments not be paid my child’s place will be subject to forfeiture.
- ❖ A child’s place will be cancelled immediately should their behaviour be deemed inappropriate.

Signed: _____

Date: _____

Sessions Requested (Please tick)

| Week commencing: | Monday | Tuesday | Wednesday | Thursday | £ 12.00 per session, per child |
|---------------------------------|--------|---------|-----------|----------|-----------------------------------|
| Monday 1 st January | Closed | Closed | Closed | | |
| Monday 8 th January | | | | | |
| Monday 15 th January | | | | | |
| Monday 22 nd January | | | | | |
| Monday 29 th January | | | | | |
| Monday 5 th February | | | | | |
| Total of days: | | | | | Total amount to pay: £ |

Please enclose cash or cheque’s payable to “ Oxfordshire County Council “

Kind Regards, The playwork team:
Daniel Collins, Mat Godwin and Emma Payne



We return for term 4 on Wednesday 21st February

Office Use Only

| | | | |
|-------|------------------|----------------------|--------------|
| Date: | Amount received: | Cash/Cheque/Vouchers | Received by: |
|-------|------------------|----------------------|--------------|