Childs Name:	**PAYMENT-METHOD: Cash / CC / C VOUCH**
Age:	**Voucher Provider:**
School Attended:	**SUNCREAM Y / N**
Will be collected by:	**FACEPAINT Y / N**

Booking Form Information

- Please only tick the days / sessions that you require
- All Fees must be paid in **ADVANCE**
- Booking forms must be kept up to date **Please see the back of the form and input changes such as address, allergies & medical Information.** We must have up to date information regarding the child.
- You must give a **FULL 48 hours notice** to transfer/ credit any sessions**, BOOKINGS ARE NON-CASH REFUNDABLE** but can be added to the account.
- **Please note invoices are only sent out if requested**. You can request invoices by emailing Danielle.Menzies@gariochsports.co.uk
- Cancellations must be made by **TEXT** or **EMAIL**, the cancelation text number is 07340641537 (please do not call this number as it is text only)
- Care Inspectorate registration – CS2004071741

Term 2

Week Beginning	Monday		Tuesday		Wednesday		Thursday		Friday		Amount
	AM £12.50	PM £15.50	AM £12.50	PM £15.50	AM £12.50	PM £15.50	AM £12.50	PM £15.50	AM £12.50	PM £15.50	
October/November											
26.10.2026	26th	26th	27th	27th	28th	28th	29th	29th	30th	30th	**£**
02.11.2026	2nd	2nd	3rd	3rd	4th	4th	5th	5th	6th	6th	**£**
09.11.2026	9th	9th	10th	10th	11th	11th	12th	12th	OFF		**£**
16.11.2026	16th	16th	17th	17th	18th	18th	19th	19th	20th	20th	**£**
23.11.2026	23rd	23rd	24th	24th	25th	25th	26th	26th	27th	27th	**£**
November/December											
30.11.2026	30th	30th	1st	1st	2nd	2nd	3rd	3rd	4th	4th	**£**
07.12.2026	7th	7th	8th	8th	9th	9th	10th	10th	11th	11th	**£**
14.12.2026	14th	14th	15th	15th	16th	16th	17th	17th	18th	18th	**£**

21.12.2026	21st	21st	22nd	22nd	OFF	**£**

Parent / Carer Signature:
Date:

Please write below any new details or changes.

For office use

Signature……. Date ……

Checked BY……. Date …….

Emailed Confirmation…… Date ……

Parents aware of waiting list ☐