



Lillington Nursery and Primary School

AFTER-SCHOOL CLUB Booking Form

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Month: **March 2021**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

1. My child will attend on all the above school dates. []
2. Please tick against individual dates that you would like your child to attend after-school club.
3. Please return this form to ensure a place is allocated. Thank you.

I would like to pay via Sims Pay YES/NO

I would like to pay with childcare vouchers YES / NO

I would like to pay via National Savings Scheme YES/ NO

Reference Number _____