

Wrap Around Club

CANCELLATION FORM

CHILD/(REN)'s Name's.....

CLASS

TERM No 1 & 2 - Academic Year 2019/20

Please indicate with a **cross** which dates you wish to cancel.
 A signed copy of this will be returned to you for confirmation.
 Refunds/credits will only be given if we have received a minimum of 48
 hours notice

TERM 1 BREAKFAST CLUB

Week commencing	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
02/09/19	INSET				
09/09/19					
16/09/19					
23/09/19					
30/09/19					
07/10/19					
14/10/19					
21/10/19					

AFTER SCHOOL CLUB

Week commencing	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
02/09/19	INSET			
09/09/19				
16/09/19				
23/09/19				
30/09/19				
07/10/19				
14/10/19				
21/10/19				

Office use only: Cancelled:
 Online bill amended:
 Confirmed:

TERM 2
BREAKFAST CLUB

Week commencing	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
04/11/19					
11/11/19					
18/11/19					
25/11/19					
02/12/19					
09/12/19					
16/12/19					

AFTER SCHOOL CLUB

Week commencing	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
04/11/19				
11/11/19				
18/11/19				
25/11/19				
02/12/19				
09/12/19				
16/12/19				

Signed Parent/Carer

Date

Signed On behalf of Out of School Clubs

Date

Office use only: Cancelled:
Online bill amended:
Confirmed: