

## Jozone Monthly Booking Form

Name of Child(ren): ..... Year Group(s): .....

Month: .....

**Please confirm the sessions you require by filling in and returning this booking form to Jozone.**

Week Beginning .....	Breakfast Club			After School Club				Tea Required	Friday Special
	7:30- 9:00	8:00- 9:00	8:30- 9:00	3:15- 4:00	3:15- 4:30	3:15- 5:30	3:15- 6:00		
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

Week Beginning .....	Breakfast Club			After School Club				Tea Required	Friday Special
	7:30- 9:00	8:00- 9:00	8:30- 9:00	3:15- 4:00	3:15- 4:30	3:15- 5:30	3:15- 6:00		
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Tuesday									
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Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

I confirm that my child(ren) named above will attend Jozone Kids Club for the sessions indicated above during ..... (month)

Parent/Carer name: ..... Signed: ..... Date: .....