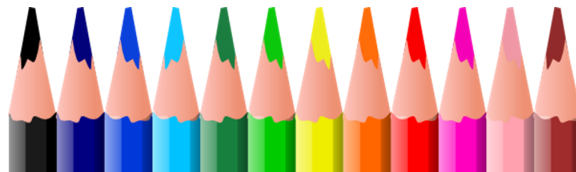


CLIFFORD KIDS CLUB - BOOKING FORM

AFTER SCHOOL CLUB



Please indicate session required below

Child's Name _____

Class _____

| W / C | Monday | Tuesday | Wednesday | Thursday |
|------------|-----------|-----------|-----------|-----------|
| Session | 3.25-5.45 | 3.25-5.45 | 3.25-5.45 | 3.25-5.45 |
| 08/01/2018 | | | | |
| 15/01/2018 | | | | |
| 22/01/2018 | | | | |
| 29/01/2018 | | | | |
| 05/02/2018 | | | | |
| 12/02/2018 | | | | |

Signed _____ Parent/Guardian Date _____