Kids Club Booking Form			
Parent Name:			
Address:			
Mobile Number:		Email Address:	
Child Name & Age:		School Attended:	
Date/s required:		Total amount of days:	
Any allergies:			
Any unergies.			
Anything else we need to	know about your c	hild:	
, 3	,		
In the unlikely event of a	in emergency		
Doctor & address:			
, , ,	or emergency perso	onnel to attend to your chi	ild in the event of an
emergency.			
Signature			
orginarar o			
Relationship to named ch	ild		
·			
Date			
Paypal	waulkmill.menager	ie@yahoo.com	
Bank Transfer	Bank of Scotland	80-22-60	19187163

Reference Payment 'Club Kids Name'

£30 per session