



BOOKING FORM

TERM 3 & 4

2026 - 2027

Child's name

Class

Please reserve a place for my child on the following days. (Please circle)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
4 th January	5 th January	6 th January	7 th January	8 th January
11 th January	12 th January	13 th January	14 th January	15 th January INSET
18 th January	19 th January	20 th January	21 st January	22 nd January
25 th January	26 th January	27 th January	28 th January	29 th January
1 st February	2 nd February	3 rd February	4 th February	5 th February
8 th February	9 th February	10 th February	11 th February	12 th February
22 nd February SCHOOL CLOSURE	23 rd February	24 th February	25 th February	26 th February
1 st March	2 nd March	3 rd March	4 th March	5 th March
8 th March	9 th March	10 th March	11 th March	12 th March
15 th March	16 th March	17 th March	18 th March	19 th March
22 nd March	23 rd March	24 th March	25 th March	SCHOOL HOLIDAY

If you need to make any changes to these reservations, please email YAS@yattonschools.co.uk

REGULAR BOOKINGS: Please indicate on the above table the sessions you require. If you would like us to accept this as a regular booking until further notice, please tick here. You do not need to complete a booking form each term.

FEES: The cost of each session is £11.50 per child, payable weekly, monthly or termly **in advance**.
All fees are payable in advance via ParentPay.

CONDITIONS

Bookings will be taken on a strictly first come, first served basis. **Completion of this form does not automatically guarantee a placement, please wait for a confirmation email.** Sessions booked can be cancelled, but must be cancelled 48 hours before the session to aid planning and staffing levels. Cancellations after this time will be charged at the normal rate. **However, booking sessions to secure them, followed by repeated cancellations is unacceptable and may prejudice future bookings. The school reserves the right to charge for sessions in such circumstances.**

Signed

Name

Date



CONFIDENTIAL - REGISTRATION FORM

CHILD'S PERSONAL DETAILS	
Name	
Date of Birth	
Class	
Home Address	
PARENT/CARER'S DETAILS	
Parent/Carer's Name	
Home Phone number	
Mobile Phone number	
Email address	
EMERGENCY CONTACT DETAILS	
Name	
Home Phone number	
Mobile Phone number	
Please list below any other adult who you authorise to collect your child. Please note that we will not let your child leave with anyone not listed unless you let us know in advance.	
MEDICAL HISTORY	
Medical Practice	
Phone number	
Please give details of any medical conditions, allergies or dietary requirements that we should be aware of including a note of any regular medication being taken	
Please note that if special dietary food is required, we reserve the right to charge an additional cost or make arrangements for you to bring food in. We will always agree the most appropriate arrangements for your child with you in advance in these circumstances.	
In an emergency, and if we are unable to contact you, do we have your permission to take your child to a doctor or hospital?	YES/NO (please delete as appropriate)
I agree to my child attending the YAS Club and give my permission for my child to take part in organised activities.	YES/NO (please delete as appropriate)
I agree to photographic images of my child being taken and used for display or publicity material.	YES/NO (please delete as appropriate)

Signed:	
Date:	