

Booking Form



Fee Structure & Session Times

I wish to enrol my child at Cool Kidz:

Name of Child

Age

Date of Birth

Please tick your preferred sessions:

Session	Breakfast Club	Afterschool Club
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

What date would you like your child to start at Cool Kidz? _____

Are there any other details you would like us to know?

Signature of Parent/Guardian: _____

Print Name: _____

Date: _____