Smart Zone Booking Form for Term 6 2018/19

***QUALITY CARE, PROVIDED BY QUALIFIED STAFF IN SMART ZONE’S COMMUNITY BUILDING****.*

**To contact Smart Zone: Tel: 01793 751113 (your messages will be recorded by answer phone during ‘out of office’ hours, and picked up by staff at the beginning of the next session - please leave date and time with any message)**

**E-mail** [**smartzone2001@gmail.com**](mailto:smartzone2001@gmail.com) **NEW WEBSITE** [**www.smartzonekidsclub.com**](http://www.smartzonekidsclub.com)

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| Child/Children’s Name(s): | **Early Bird Bookings received by Monday 13th May 2019** |  |

Term 6 Monday 3rd June to Thursday 25th July 2019)

B/C 7:30 – 8:50am including breakfast. A/S: from end of school / pre-school to 4:00pm, 5:00p.m. or 6:00p.m.

A healthy afternoon snack is included with sessions to 5:00p.m. or 6:00p.m.

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|  | **JUNE 2019** | | | | | | | | | | | | | | | | | | | | **JULY 2019** | | | | |
| **Date** | **3** | **4** | **5** | **6** | **7** | **10** | **11** | **12** | **13** | **14** | **17** | **18** | **19** | **20** | **21** | **24** | **25** | **26** | **27** | **28** | **1** | **2** | **3** | **4** | **5** |
|  | **M** | **Tu** | **W** | **Th** | **F** | **M** | **Tu** | **W** | **Th** | **F** | **M** | **Tu** | **W** | **Th** | **F** | **M** | **Tu** | **W** | **Th** | **F** | **M** | **Tu** | **W** | **Th** | **F** |
| **B/C 7:30 – 8:50** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A/S TO 4:00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A/S TO 5:00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A/S TO 6:00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TDDAY 8:50 to 3:00** |  | **YEAR 6 IOW RESIDENTIAL TRIP 24 – 28 JUNE 2019** | | | | | | | | | | | | | | | | | | | | | | | |
| **TDDAY 8:50 to 6:00** |  |
| **Any 4¾ hours please give start time \*** |  |

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|  | **JULY 2019** | | | | | | | | | | | | | |  | **NOTES** |
| **Date** | **8** | **9** | **10** | **11** | **12** | **15** | **16** | **17** | **18** | **19** | **22** | **23** | **24** | **25** |  | **Monday 3rd June and Thursday 25th July are TDDAYS.**  **A/S sessions will start at 2:00p.m. on Wednesday 24th July.**  **\* Please note below the start times for any 4¾ hour TDDAY sessions:** |
|  | **M** | **Tu** | **W** | **Th** | **F** | **M** | **Tu** | **W** | **Th** | **F** | **M** | **Tu** | **W** | **Th** |  |
| **B/C 7:30 – 8:50** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A/S TO 4:00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A/S TO 5:00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A/S TO 6:00** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **TDDAY 8:50 to 3:00** | | | | | | | | | | | | |  |  |
| **TDDAY 8:50 to 6:00** | | | | | | | | | | | | |  |  |
| **Any 4¾ hours please give start time \*** | | | | | | | | | | | | |  |  |

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| **Signature of parent/carer** | **Date** | ***If any of your contact details have changed please tick and write new details on back of this form*** |  |

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|  |  | **INVOICE No**  37 Days B/C  39 Days A/S  2 TDDAYs |  | Date Booking Received |  | Date Booked and Staff Initials |  | Superfoxed |  |