
**Kidz Come First Playscheme**

**Intended Use Agreement Form**

This form is to be used to advise us of your intended use of the club. Please indicate which sessions you will be taking up.

**Attendance of any session is only possible with receipt of payment in advance.**

**Name of Child ................................................. Date of Birth.............**

**Please select relevant choice: Start date: End date:**

Week - 27th July 2020

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Full Day** | **Half Day 8am-1pm** | **Half Day 1pm-6pm** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
|  |  |  |  |

Week 2 - 3rd August 2020

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Full Day** | **Half Day 8am-1pm** | **Half Day 1pm-6pm** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
|  |  |  |  |

Week 3 – 10th August 2020

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Full Day** | **Half Day** **8am-1pm** | **Half Day 1pm-6pm** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Full Day** | **Half Day 8am-1pm** | **Half Day 1pm-6pm** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
|  |  |  |  |

Week 4 – 17th August 2020

Week 5 – 24th August 2020

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Full Day** | **Half Day 8am-1pm** | **Half Day 1pm-6pm** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
|  |  |  |  |

**Two weeks’ notice will be required when notifying the club of withdrawal of your child’s place. Your space will be confirmed once we receive a completed intended agreement form and payment is made.**

**I agree to pay weekly in advance by BACS to the following account**

**Account Name: Kidz Come First**

**Account Number; 23968316 Sort Code: 20-84-13**

**Signature of Parent/Carer..................................................**

**Date...........................................**