



AVIATORS PLAYCENTRE SUMMER HOLIDAY BOOKING FORM

Parent's Name

Address:Post Code.....

Daytime Contact No: email

1st Child's Name: _____ Age: _____ Date of Birth: _____

2nd Child's Name: _____ Age: _____ Date of Birth: _____

Summer Holidays 2018	Please indicate which dates you wish to book:				
	Mon 23 rd July	Tues 24 th July	Wed 25 th July	Thurs 26 th July	Fri 27 th July
WEEK 1					
	Mon 30 th July	Tues 31 st July	Wed 1 st Aug	Thurs 2 nd Aug	Fri 3 rd Aug
WEEK 2					
	Mon 6 th Aug	Tues 7 th Aug	Wed 8 th Aug	Thurs 9 th Aug	Fri 10 th Aug
WEEK 3					
	Mon 13 th Aug	Tues 14 th Aug	Wed 15 th Aug	Thurs 16 th Aug	Fri 17 th Aug
WEEK 4					
	Mon 20 th Aug	Tues 21 st Aug	Wed 22 nd Aug	Thurs 23 rd Aug	Fri 24 th Aug
WEEK 5					
	Mon 27 th Aug	Tues 28 th Aug	Wed 29 th Aug	Thurs 30 th Aug	Fri 31 st Aug
WEEK 6					

Any other information;

**Payment must be made two weeks in advance of the holiday period commencing.
Payments to be made by BACS to:**

**A/C Name: Wallington Primary Academy
Bank Account No: 57934068 Sort Code: 30-98-36
Please quote your child's name as a reference**

If you wish to make changes or cancel a booking we will require notice minimum of two weeks before the holiday commences, less than this will incur the full payment to be charged

Please sign
Please return booking forms to the Playcentre.

Date