

RSM OCTOBER HOLIDAY CLUB 2017

Name of Child 1: _____ Form: _____

Name of Child 2: _____ Form: _____

Name of Child 3: _____ Form: _____

I would like the above named child/ren to attend Reigate St Mary's Holiday Club on the days selected below. I have included payment of £40 per day per child made payable to Reigate Grammar School.

Total number of days _____ Total of amount payable £ _____

Signed _____ Date _____

October (Reception to Year 6)

Monday 16th October - Fri 20th October 2017

	Mon 16	Tues 17	Weds 18	Thurs 19	Fri 20
Child 1					
Child 2					
Child 3					

Please note no refunds will be given for illness or change in circumstance on the day. Places are not transferrable.
Please return form to rmg@reigatestmarys.org or School Reception.