

**HS4L Courses**

2nd September 2024 – 15<sup>th</sup> August 2025

	Morning preferred Course choice	Afternoon preferred Course choice	FOR OFFICE USE ONLY
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
<b>Additional Activities</b>			

Full Name: \_\_\_\_\_

<b>Client Signature:</b>	<b>Date of Agreement:</b>
<b>Client Signature:</b> Authorised Signatory (where responsible for finance)	<b>Date of Agreement:</b>

	Monthly Fees	Fees Per Session
<b>Half day:</b> 10.00-12.15 or 12.45-3.00pm	£108.00	£27.00
<b>Full day:</b> 10am - 3.00pm	£216.00	£54.00
Complex disability carer supplement* *This is in recognition of the cost of a place being taken up by an accompanying carer.		£10.00 Half day £15 Full Day
Gym, Swim and Fitness sessions		£12.50

## 2024 - 25 Monthly Fees Payable

Own lunch must be provided. You may bring food to reheat in the microwave, at your own risk, provided you are competent to use a microwave unsupervised.

Name:.....

Signature:.....

Address:.....

.....

.....

.....

Email Address:.....

Contact Tel. No:.....

**Please sign this form and return it to us:**

*Harrogate Skills 4 Living, 9 North Park Rd, Harrogate,  
HG1 5PD*

*We will issue you a copy for your records.*

Your signature is required,  
as acknowledgement that  
you agree to these terms  
and conditions

I agree to set up payment by  
monthly Standing Order  
(please tick)

I have authorisation to enter  
into this financial agreement  
and (please tick one of the  
following):

- I am the client
- I am the client's Carer/Parent
- I am the client's Care Manager
- I am the client's Key worker
- I am the client's Residential
- Care Provider

### FOR OFFICE USE ONLY:

Harrogate Skills 4 Living

Receiving Officer Signature:.....Date of Agreement:.....