

School Wrap Around Care Provision Booking Form

Child's Name.....Class.....

(For Siblings) Child's Name.....Class.....

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I wish to use the Breakfast Club on the following days @ £3.00 a day 8am-8.45) Please insert dates in the box

Breakfast Club	Monday	Tuesday	Wednesday	Thursday	Friday
Please Tick					

I wish to use the After School Club on the following days @ £6 a day. Please insert dates in the box

After School Club	Monday	Tuesday	Wednesday	Thursday	Friday
Please Tick					

Signed..... Date.....

I agree to the terms and conditions of School Wrap Around Care (please tick)

I agree that I will be charged for all of the sessions selected above and I will make payment by 12pm on Wednesday to secure my space for the following week. All bookings are non-refundable.

Signed..... Date.....

Print name.....

Emergency Contacts:

The School office hold all children's emergency contact information on your child's data form that you complete and return each academic year. If you believe that your information has changed please contact the school office immediately to update this information.

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For Completion by the school office:

Date booking form received:..... Space offered: Yes or No

Date Invoice Raised on Parentmail:..... Amount Charged: £

Date Payment received:..... Signed by:.....Print Name:.....