**School Wrap Around Care Provision Booking Form**

Child’s Name..........................................................................Class....................

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

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

I wish to use the Breakfast Club on the following days @ £3.00 a day 8am-8.45

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Breakfast Club | -- | -- | -- | Thursday 2nd September  | Friday 3rd September  |
| Please Tick |  |  |  |  |  |
| Breakfast Club | Monday 6th September | Tuesday 7th September  | Wednesday 8th September  | Thursday 9th September  | Friday 10th September  |
| Please Tick |  |  |  |  |  |

I wish to use the After School Club on the following days @ £6 a day.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| After School Club | -- | -- | -- | Thursday 2nd September  | Friday 3rd September  |
| Please Tick |  |  |  |  |  |
| After School Club | Monday 6th September | Tuesday 7th September  | Wednesday 8th September  | Thursday 9th September  | Friday 10th September  |
| 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.

…………………………………………………………………………………………………………………………………………………………………………………

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:……………………………………