**All Saints Wrap Around Care Booking Form**

If siblings require differing care provision, please complete a form for each individual child.

If you need to make any changes to this booking including requesting additional sessions, please email the school office, giving at least 24 hours’ notice if possible. Payment will be made by Parent Pay.

|  |  |  |
| --- | --- | --- |
| **1st Child’s Name** | **2nd Child’s Name** | **3rd Child’s Name** |
|  |  |  |

 **Please tick required place**

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| --- | --- | --- | --- | --- |
| **W/C 08/01/24** | **Mon** | **Tues** | **Weds** | **Thurs** |
| AM (from 07.30am) | ☐ | ☐ | ☐ | ☐ |
| PM (until 5.00pm) | ☐ | ☐ | ☐ | ☐ |
| LATE PM (until 5.45pm) | ☐ | ☐ | ☐ | ☐ |

|  |  |  |  |  |
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| **W/C 15/01/24** | **Mon** | **Tues** | **Weds** | **Thurs** |
| AM (from 07.30am) | ☐ | ☐ | ☐ | ☐ |
| PM (until 5.00pm) | ☐ | ☐ | ☐ | ☐ |
| LATE PM (until 5.45pm) | ☐ | ☐ | ☐ | ☐ |

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| **W/C 22/01/24** | **Mon** | **Tues** | **Weds** | **Thurs** |
| AM (from 07.30am) | ☐ | ☐ | ☐ | ☐ |
| PM (until 5.00pm) | ☐ | ☐ | ☐ | ☐ |
| LATE PM (until 5.45pm) | ☐ | ☐ | ☐ | ☐ |

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| **W/C 29/01/24** | **Mon** | **Tues** | **Weds** | **Thurs** |
| AM (from 07.30am) | ☐ | ☐ | ☐ | ☐ |
| PM (until 5.00pm) | ☐ | ☐ | ☐ | ☐ |
| LATE PM (until 5.45pm) | ☐ | ☐ | ☐ | ☐ |

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| **W/C 5/02/24** | **Mon** | **Tues** | **Weds** | **Thurs** |
| AM (from 07.30am) | ☐ | ☐ | ☐ | ☐ |
| PM (until 5.00pm) | ☐ | ☐ | ☐ | ☐ |
| LATE PM (until 5.45pm) | ☐ | ☐ | ☐ | ☐ |

|  |  |
| --- | --- |
| **Bill Payer name and email** |  |