

**SHOBNALL PRIMARY & NURSERY SCHOOL**

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| TERM: | BOOKING FORM – AFTER SCHOOL WRAP AROUND CLUB |
| WEEK COMMENCING: |  |
| NAME OF CHILD |  |
| DATE OF BIRTH: |  |
| ANY MEDICATION REQUIREMENTS: |  |
| SPECIAL DIETARY REQUIREMENTS: |  |

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| Day | Wrap Around3.30pm to 5.00pm**£5.00** / child | Wrap Around3.30pm to6.00pm**£7.00 /** child | Ad Hoc Session(for office use only)**£2.00 / child**per slot.**PAID IN CASH** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.

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| SIGNED:(Person with parental responsibility) |  |
| DATED: |  |