



## Broadway Junior School - Wraparound Booking Form

<b>Child's Name:</b>	<b>Class Teacher:</b>
<b>Child's Name:</b>	<b>Class Teacher:</b>

I would like to make the following booking for the Wraparound Provision for my child/ren:

Please tick or indicate clearly which session or sessions are required:

Time	Cost	Week Commencing:				
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3.00 pm to 4.00 pm	£5.00					
3.00 pm to 5.00pm	£8.00					

**Please indicate which option applies to your needs by indicating Y/N as appropriate.**

This is a weekly arrangement until I provide notice that the childcare is no longer needed. (Y/N)

I will complete a weekly booking form as I am uncertain of my childcare needs. (Y/N)

I will complete a booking on an ad hoc basis depending on my childcare needs. (Y/N)

My child will be collected by:
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Are there any special dietary requirements and/or medical conditions, or any other information, that our school staff should be aware of?

Please tick:

Yes ☐ (Please give details below)  
 No ☐

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Please send me confirmation of this booking via:	E Mail		Text	
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### **Parent/Carer Agreement**

By submitting this booking I confirm that I agree to abide by the Terms and Conditions.

Signature:	Contact Number:	Date:
Print Name:	Emergency Number:	

*Office use only:*

Booking Rec'd	Place allocated	Confirmation Sent	Payment Rec'd	Admin Completed
e-mail/Paper/Verbal	Yes / No	Email/Text/Verbal	E-payment/Cash	