

**Himbleton CE First School and Nursery**

**Wrap Around Care Regular Booking Form**

**Name of Child:**

**Year Group:**

**Regular Breakfast Club Requirements:**

<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>

**Total regular monthly cost for Breakfast Club:**

**After School Care Requirements:**

*Please indicate whether you need the full 3-6pm session or will pay by the hour.*

<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>

**Total regular monthly use for After School Care:**

***Emergency contact details for when your child is in Wrap Around Care:***

***Email address for invoice to be sent to:***

**I acknowledge and agree to the Terms and Conditions for Wrap Around Care 2020/21.**

**Signed: ..... (Parent/Carer)**

**Print: .....(Parent/Carer)**