

**Booking form for Blue Sky Wraparound Care**

Please complete this form to book your child into wraparound care. Payment MUST be taken before sessions are attended.

Child/Children’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular Sessions

Please use this section to confirm the regular sessions you require:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast Club |  |  |  |  |  |
| After School Club |  |  |  |  |  |

Ad Hoc Sessions

If you require sessions that may change each week, please use the form below to confirm the dates and the sessions that you require.

|  |  |  |
| --- | --- | --- |
| **DATE** | **BREAKFAST CLUB** | **AFTER SCHOOL CLUB** |
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|  |  |  |
| --- | --- | --- |
| **DATE** | **BREAKFAST CLUB** | **AFTER SCHOOL CLUB** |
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Parent/Carer Name (Please print): \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Methods of Payment

Cash – Please give directly to Heelands Office

Bank Transfer – Sort Code 60-14-55, Account Number 36557005, Account Name Heelands School. **Please use your child’s name as the reference on the payment**

Childcare Vouchers (i.e. Edenred) – Please inform Heelands School if you haven’t got the reference number.