Hartlebury Church of England Primary School Wrap Around Care Booking Form

NAME:	CLASS:			
WEEK COMMENCING:				
Thurs of English	BREAKFAST CLUB (Please tick sessions below)	(Please tick s	HOOL CARE essions below) Monday to Thursday	TOTAL
odman	07.30am - 08.50am	£8.00 per child £1	5.20 sibling discount	Please complete a total for each day
SEVERN ACADEMIES EDUCATIONAL TRUST	£5.00 per child £9.50 sibling discount (10% discount off total amount for more than two children)		pm Friday 13.50 sibling discount unt for more than two children)	
MONDAY				£
TUESDAY				£
WEDNESDAY				£
THURSDAY				£
FRIDAY				£
		WEEKEND		
		TOTAL FOR THE WEEK:		£
-	member of the After School Tean	n after 3.15pm ple	ase call 01299 2503	12 and press option 2 *
Please tick the option belo	w for your method of payment			
Cash (please provide correct amount as we do not have any change)			* <u>Office Use Only</u>	
Cheque (to be made payable to Hartlebury CofE Primary School)			Paid	
☐ Childcare Vouchers			Date Copy given to Parent:	