**Little Saints’ Booking Form**

**Breakfast and After School Club Booking Form**

**Please email this form back to littlesaints@allsaints.trafford.sch.uk**

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| --- |
| Child’s name: Class:  |

**Breakfast Club: Sessions: Monday to Friday 7:45am-8:55am - Cost: £6**

**After School Club: Sessions: Monday to Friday 3:15pm to 6:00pm - Cost: £12**

Please tick the days required and return this form to the School office. Payment must be made in advance via ParentPay (registration details will be sent to you when your child starts school), childcare vouchers or a pre-arranged payment via Child Tax Credits or Universal Tax Credits.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week****commencing** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  | **Breakfast** | **After School** | **Breakfast** | **After School** | **Breakfast** | **After School** | **Breakfast** | **After School** | **Breakfast** | **After School** |
| 21/04/25 |  |  |  |  |  |  |  |  |  |  |
| 28/04/25 |   |  |  |  |  |  |  |  |  |  |
| 05/05/25 |  |  |  |  |  |  |  |  |  |  |
| 12/05/25 |  |  |  |  |  |  |  |  |  |  |
| 19/05/25 |  |  |  |  |  |  |  |  |  |  |
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|  |
| ParentPay |  | Childcare vouchersVoucher company name: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert your name) I agree to the following:

* **My child will be collected at 6pm or earlier from the After School Club.**
* **Extra charges will be incurred if my child is collected after 6pm (£20)**
* **24 hours notice is required for cancellations, otherwise I will be charged.**

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_