**WRAP AROUND CARE**

**TERMLY BOOKING FORM**

**(Autumn / Spring / Summer 202 ( )**

**Pupil Name ……………………………………………. Year / Class / Form: ………………………**

**Sessions required** *(please indicate below all required sessions):*

Monday Tuesday Wednesday Thursday Friday

**07:45 – 08:30**  □ □ □ □ □

**15:30 – 18:00** □ □ □ □ □

**17:00 – 18:00** □ □ □ □ □

Please indicate if the sessions required for the above term are

the same for the school year. □

**Fees per session:**

07:45 – 08:30 £ 5.70

15:30 – 18:00 £14.75

17:00 – 18:00 £ 7.50

**Parental declarations and signatures:**

I/We acknowledge and understand that Fairfield Preparatory School cannot guarantee the availability of each session required.

I/We accept that each session is subject to availability and that Fairfield Preparatory School shall confirm the sessions for the term for the aforementioned named pupil shortly after receiving this Booking Form duly completed and signed.

***(Please see the foot of this Booking Form for an important notice about the deadline for returning******this form).***

I/We agree to the Wrap Around Care Terms and Conditions, a copy of which I/We have read, signed and retained.

Signed: ………………………………………….. Signed: ………………………………………………………

Print Name: …………………………………….. Print Name: ………………………………………………

Relationship to pupil: …………………………… Relationship to pupil: ……………………………….

Date: ……………………………………………. Date: ………………………………………………………..

**Important Note:**

**Please note that this Booking Form must be returned before the end of the second week of each term.**

**Sessions may not be allocated for a pupil whose parents return the Booking Form after that date.**