**After School Care Booking Form Autumn Term 2024**

**Breakfast Club no longer needs prior booking.**

**Breakfast Club** Children to arrive through the front entrance via the main school office.

**After School Care** Children to be collected from the exit by the Middle D & T room.

**BREAKFAST CLUB FROM 7.45AM £4.00 (Payment on P4S or at the end of each half term by invoice).**

**WAC TO 4.45PM HALF SESSION £7.00**

**WAC TO 6.00PM FULL SESSION £11.50**

**Last session on a Friday to 5.00pm only charged at half session rate.**

I would like to book place/places for my child/children to attend After School Care on the following days.

Week beginning Monday 2nd September

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday | TED | TED |
| Tuesday | TED | TED |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 9th September

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 16th September

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 23rd September

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 30th September

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 7th October

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 14th October

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

HALF TERM

Week beginning Monday 21st October

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday | TED | TED |

Week beginning Monday 4th November

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 11th November

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 18th November

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 25th November

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 2nd December

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 9th December

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Week beginning Monday 16th December

|  |  |  |
| --- | --- | --- |
| Day | **AFTER SCHOOL CARE**  **HALF SESSION** | **AFTER SCHOOL CARE**  **FULL SESSION** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

END OF Autumn TERM

Pupil Name ...…………………………………………Class/Reg Group………

Sibling Name………………………………………….. Class/Reg Group………

Sibling Name………………………………………….. Class/Reg Group………

**PLEASE ENSURE YOU SIGN AND DATE THE FORM**

I am in receipt of Free School Meals/Pupil Premium Funding and wish to use my funding for the Wrap Around Care and/or Breakfast Club, (up to a maximum of 40 half sessions for Wrap Around Care or 70 sessions Breakfast Club) 🞎

For working parents, we are able to accept employer childcare vouchers as payment towards Session costs. Please give your provider the following information:

Abbey Park Middle School – Ofsted Number 116774

Signed …………………………………………………………….. Date…………..……..