Term Time Wraparound Application Form

Data	
Date	 _

PLEASE ONLY COMPLETE IF YOU WANT TO BUY EXTRA SESSIONS

Name of Child:	Address			Post Code	
DOB:				Tel No: Mob No:	
Are you training/stu	udying:		When do you ne	ed the wraparound	d from:
YES Delete as appropriate	NO				
Are you working?		YES	NO		
What hours do you	work/train?				
Please tick which ses	sions you wou	ıld like: (r	minimum of two)		
Session	Monday	Tuesday	Wednesda	ay Thursday	Friday
Full Day 8.30am-2.45pm					
Wednesday ONLY 8.45am-12.15pm					
Wednesday ONLY 11.15am-2.45pm					
2.45pm-4.00pm (exc tea)					

•	Signature	of Parent,	/Carer
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2.45pm-5.30pm

Friday 30hours

1.30pm-4.00pm

(inc tea)

ONLY

• Name in BLOCK CAPITALS

Session	Cost
Full day 8.30am-2.45pm	£45.31
2.45pm -4.00pm (exc tea)	£ 9.06
2.45pm – 5.30pm (inc tea) – Monday to Thursday only	£22.03
Friday 30 hours only 1.30pm- 2.45pm	£ 9.06
8.30am-12.15pm* – WEDNESDAY ONLY	£27.18
11.15am-2.45pm* – WEDNESDAY ONLY	£25.37

^{*} Excludes cost of lunch, which is £2.10