**ST MONICA’S CATHOLIC PRIMARY SCHOOL**

BREAKFAST & AFTER SCHOOL CLUBS

**APPLICATION FORM**

**Child’s Name(s)**

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**Requested start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Requested days:** | **Breakfast Club £5.50****7.30am – 8.50am****Ideally drop off by 8.10am. We stop serving breakfast by 8.20am****Please state what time you intend to drop off your child/ren.** | **After School Club £12****3.15pm – 6pm****Please state what time you intend to pick up your child/ren.** |
| **MONDAY** |  |  |
| **TUESDAY** |  |  |
| **WEDNESDAY** |  |  |
| **THURSDAY** |  |  |
| **FRIDAY** |  |  |

**I understand that all payments will be made via Parent Pay. If I am paying by Child Care Voucher, I will inform the school office of the details and ensure there is sufficient funds made available prior to my child starting breakfast and after school club.**

**I have read and accept the Terms and Conditions overleaf YES/NO**

**Signature of Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Carer (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**