



Cleadon Owls Wrap
Around Care Provision
Booking Form
Easter Holiday Club



Child's Name:

Please tick the sessions that you require below:

| Day | Full Day 7:15am-6:00pm | Morning Half Day 7:15am-12:30pm | Afternoon Half Day 12:30pm-6:00pm |
|---------------------------------|-----------------------------------|--|--|
| Monday 2nd | Closed | Closed | Closed |
| Tuesday 3rd | | | |
| Wednesday 4th | | | |
| Thursday 5th | | | |
| Friday 6th | | | |

| Day | Full Day 7:15am-6:00pm | Morning Half Day 7:15am-12:30pm | Afternoon Half Day 12:30pm-6:00pm |
|----------------------------------|-----------------------------------|--|--|
| Monday 9th | | | |
| Tuesday 10th | | | |
| Wednesday 11th | | | |
| Thursday 12th | | | |
| Friday 13th | | | |

Please book my child in for the days and sessions stated above. I will contact the Cleadon Owls' staff if my child is unable to attend a session.

Signed (Parent / Carer)

Date

Please return this form to the Academy by **Friday 16th March 2018**

Payment for half term must be paid by **Friday 23rd March 2018** to guarantee a place.