

**Wraparound Care (WAC) request form**

*Your child(ren) cannot be put onto the waiting list or allocated a place until every field on the form is completed and returned to the school office.*

Number of children requested: ………………………….

Child 1 : …………………………… Class:…………………………….

Child 2: ……………………………. Class: ……………………………

Address: …………………………………………………………………………………………………………………….

Telephone Number:……………………………………… Email: ………………………………………………………

When would you like your child to start the WAC session? (date)………………………………..

Please tick your preferred days below:

***For pre-school children***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 8am – 9amBreakfast Club | 3pm – 3.35pmTop-Up | 3pm – 5.30pmAfter School Club | Half Day Top-Up(indicate AM/PM) |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

***For Reception children***

|  |  |  |
| --- | --- | --- |
|  | 8am – 8.45amBreakfast Club | 3.30pm – 5.30pmAfter School Club |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Signed (Parent/Carer) ……………………………………………………………

Parent/Carer Name (Please PRINT) …………………………………………

Date: ……………………………………….

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OFFICE USE ONLY

Date Received: Staff initial: