

HOPE COMMUNITY SCHOOL
Evening Owls After School Club
Spring Term 19th February - 28th March



CHILD's NAME:	CLASS:
CHILD's NAME (Sibling):	CLASS:
CHILD's NAME (Sibling):	CLASS:

I (parent/carer) _____ request the following dates for my child/children to attend either the Short Stay After School Club [3.30 pm to 4.15pm] or the Long Stay After School Club to [3.30pm to 5.30pm] for Spring Term, 19th Feb - 28th Mar.

Prices

Short stay After School Club is £5 per session per child / sibling.

Long stay After School Club is £9 per session per child. Discounted rate of £6 per sibling.

Evening Owls After School Club closes at 5.30pm. A 'Late Pick-up Charge' of £5 per 10 minutes will be charged for all late collections.

Dates

Please tick the box(es) below of the session dates you would like to book:-

WEEK COMMENCING: 19 February 2024

MON		TUES		WEDS		THURS		FRI	
Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay
NO CLUB									

WEEK COMMENCING: 26 February 2024

MON		TUES		WEDS		THURS		FRI	
Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay

WEEK COMMENCING: 4 March 2024

MON		TUES		WEDS		THURS		FRI	
Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay

WEEK COMMENCING: 11 March 2024

MON		TUES		WEDS		THURS		FRI	
Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay

WEEK COMMENCING: 18 March 2024

MON		TUES		WEDS		THURS		FRI	
Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay

WEEK COMMENCING: 25 March 2024

MON		TUES		WEDS		THURS		FRI	
Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay	Short Stay	Long Stay
						NO CLUB		NO CLUB	

I understand that upon receipt of this signed form, Hope Community School will book my child(ren) into the After School Club on the dates listed above and will issue an invoice which must be paid by the due date on the invoice, whether I pay in full upfront or a combination of part payments. I must make payment in full for each week my child/children have been requested to be booked in above, regardless of whether or not they actually attend.

Parent/Carer Signature: _____

Parent/Carer Name: _____

Date: _____

Parent/Carer Phone No: _____

Parent/Carer E-mail address: _____

COMPLETED FORM TO BE RETURNED TO THE SCHOOL BY WEDS 7TH FEB IN ORDER TO ENSURE YOUR PLACE(S) ARE RESERVED.