**Booking form for Westbury Park Wrap Around Care 2024**

# Westbury Park Stay & Play Westbury Park School, Bayswater Ave, Bristol, BS6 7NU

**CHILDS NAME.............................................. Class...........**

**Please book your child's place for the first term on this form below.**

**Please circle what you require B/C for Breakfast Club & A/S for After school club for each date needed and return this form back to After School Club direct.**

**Forms need to be returned by Friday 19th July 2024 to secure a space, any forms after this date will be subject to availability.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **02 Sept 2024**  **INSET** | **03 Sept**  **INSET** | **04 Sept**  **B/C A/S** | **05 Sept**  **B/C A/S** | **06 Sept**  **B/C A/S** |
| **9 Sept**  **B/C A/S** | **10 Sept**  **B/C A/S** | **11 Sept**  **B/C A/S** | **12 Sept**  **B/C A/S** | **13 Sept**  **B/C A/S** |
| **16 Sept**  **B/C A/S** | **17 Sept**  **B/C A/S** | **18 Sept**  **B/C A/S** | **19 Sept**  **B/C A/S** | **20 Sept**  **B/C A/S** |
| **23 Sept**  **B/C A/S** | **24 Sept**  **B/C A/S** | **25 Sept**  **B/C A/S** | **26 Sept**  **B/C A/S** | **27 Sep**  **B/C A/S** |
| **30 Sep**  **B/C A/S** | **01 Oct**  **B/C A/S** | **02 Oct**  **B/C A/S** | **03 Oct**  **B/C A/S** | **04 Oct**  **B/C A/S** |
| **07 Oct**  **B/C A/S** | **08 Oct**  **B/C A/S** | **09 Oct**  **B/C A/S** | **10 Oct**  **B/C A/S** | **11 Oct**  **B/C A/S** |
| **14 Oct**  **B/C A/S** | **15 Oct**  **B/C A/S** | **16 Oct**  **B/C A/S** | **17 Oct**  **B/C A/S** | **18 Oct**  **B/C A/S** |
| **21 Oct**    **B/C A/S** | **22 Oct**  **B/C A/S** | **23 Oct**  **B/C A/S** | **24 Oct**  **B/C A/S** | **25 Oct**  **B/C A/S** |

**Please note Monday 2nd and Tuesday 3rd September 2024 are inset days.**

**I agree to sign up to the Westbury Park Stay and Play, please add £15 admin fee to my Gateway Account.**

**Please indicate by ticking the box below whether you require to pay by childcare voucher/ tax credit or pay as you go.**

**PAY AS YOU GO CHILDCARE VOUCHERS / TAX CREDIT**

**Signed............................................. Print Name...................................... Email…………………….……………………………….**