



Extended School Waiting List Request

Child's Name _____ Class _____

Email address _____

Contact Telephone Number _____

Please tick the following boxes:

You are going back to work or to study.

If your child has special needs or a disability.

Please tick the box if your joint family income is lower than £24,000 to be eligible for application for a discounted rate.

Please tick boxes relevant to you:

I am interested in applying for a Tea Time Club place at St. Josephs which runs from 3:15pm until 6:00pm at a cost of £8 per session. Sibling concession £6

Please tick required days

MON

TUE

WED

THURS

FRI

I am interested in applying for breakfast club place at St. Josephs from 8:00am at a cost of £3 per session. Sibling concession £2

Please tick required days

MON

TUE

WED

THURS

FRI

Signed _____ Date _____

