



Extended School

APPLICATION FORM

Please note that this does not guarantee a space on the Extended School Club as it is dependent on availability.

Child's Name: _____ Class: _____

Email address: _____

Contact Telephone Number: _____

Please tick the following boxes.

I have children who already attend After School Club.

I am going back to work or to study.

My child has special needs or a disability.

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

Please tick boxes relevant to you:

I am interested in applying for a Breakfast Club place at St. Josephs from 7:30 am at a cost of £5 per session. (No sibling concession)

Please circle required days

MON TUE WED THURS FRI

I am interested in applying for an After School Club place at St. Josephs which runs from 3:15 pm until 6:00 pm at a cost of £12 per session. (Sibling concession £10)

Please circle required days

MON TUE WED THURS FRI

Parent / Carer's Signature: _____ Date: _____

Parent / Carer's Name: _____