|  |  |  |
| --- | --- | --- |
| Child’s Name: | Date of Birth: |  |
| Start Date: |  |
| Parent’s Name and Contact address(s): |  |
| Parents Contact numbers and email addresses: | *
*
*
*
*
 |
| Allergies or Medical Information?  |  |
| 30-hour funding code: | National Insurance Number: |
| Option for Lunch (Please circle) | School Dinner/Packed Lunch  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Wraparound options:** | **Mon** | **Tue** | **Wed** | **Thurs** | **Fri** |
| *AM Session:* 8:45am till 11:30am |  |  |  |  |  |
| *Lunch time care:* 11:45am till 12:15pm |  |  |  |  |  |
| *PM Session:* 12:15pm till 3:00pm |  |  |  |  |  |
| *Full Day 7:45am till 6pm* |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cool Club options:** | **Mon** | **Tue** | **Wed** | **Thurs** | **Fri** |
| *Breakfast:* 7:45am till 8:45am |  |  |  |  |  |
| *Cool Club:* 3:00pm till 5pm |  |  |  |  |  |
| *Cool Club:* 3:00pm till 6pm |  |  |  |  |  |

*We are limited for availability for breakfast in Wraparound and Coolclub so please return your booking form at the earliest convenience!*

*You can use the hall breakfast club which is also ran by Children’s Choice at Southridge for Reception to year 4.*

|  |  |
| --- | --- |
| Prices September 2021 – July 2022  | Current Prices (Increase September 2022) |
| Breakfast 7:45am-8:45am | £6.00 |
| Breakfast funded session 7:45am – 8:45am | £1.50 |
| AM/PM funded session 8:45-11:30/ 12:15-3:00 | £1.70 |
| AM/PM None funded session 8:45-11:30/ 12:15-3:00 | £19.54 |
| Lunch Time session (School Dinner) | £9.06 |
| Lunch time Session (Packed Lunch) | £5.61 |
| Cool Club 3:00-5pm (includes high tea) | £11.80 |
| Cool Club 3:00-6pm (includes high tea) | £14.62 |
| Cool Club funded session (depending upon funding hours used) | £3.00 |

If you have any questions, please feel free to contact Katie/Donna the Wraparound Managers on:

**0191 9176665 extension 2 / 07766912172 or childrenschoicesouthridge@hotmail.com**

Kind regards,

Wraparound Management team.

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| --- |
| **Emergency Contact Details for Children’s Choice Wraparound** |
| Child’s Name |  |
| Date of birth |  |
| Address(es) |  |
| Home Phone number(s) |  |
| Parents Names | 1.2.3. |
| Parent 1 Work |  |
| Parent 1 Mobile |  |
| Parent 2 Work |  |
| Parent 2 Mobile |  |
| Parent 3 Work |  |
| Parent 3 Mobile |  |
| Other Emergency Contact: |  |
| Days of Attendance |  |
| Sibling(s) |  |
| AllergiesMedicationAdditional information  |  |
| Email Addresses | 1.2.3. |
| Who to contact first |  |
| Door password |  |