



AFTER SCHOOL CARE BOOKING FORM

Name of Student	Year
Please circle or tick each timed session required:	

JANUARY									
				5 th		6 th		7 th	
				15:05 to 16:15	15:05 to 17:15	15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15
10 th		11 th		12 th		13 th		14 th	
15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15	15:05 To 17:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15
17 th		18 th		19 th		20 th		21 st	
15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15
24 th		25 th		26 th		27 th		28 th	
15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15

FEBRUARY									
31 st JAN		1 st		2 nd		3 rd		4 th	
15:50 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 To 17:15	15:05 To 16:15	15:05 to 17:15	15:05 to 16:15	15:05 to 17:15	15:05 to 16:15	15:05 to 17:15

7 th		8 th		9 th		10 th		11 th	
15:05 to 16:15	15:05 to 17:15	15:05 to 16:15	15:05 to 17:15	15:05 to 16:15	15:05 to 17:15	15:05 to 16:15	15:05 To 17:15	15:05 to 16:15	15:05 to 17:15

You can hand in the booking forms into the office or email them back to: office@stjohnfisher-wigston.leics.sch.uk

Payment has been made by the following (please tick):

Parentpay ☐

Childcare vouchers ☐