

Out of School Club Request for place

Name of Child	
Class	
Start Date	
Parent / Carer name	
Telephone number	
Email	

Please tick sessions required

Session	Monday	Tuesday	Wednesday	Thursday	Friday
7.30 AM					
7.45 AM					
5PM					
6PM					

For OOSC use only

Date received	
Contacted by	
Date of contact	
Offer of place	
Start date	

Confirmed sessions

Session	Monday	Tuesday	Wednesday	Thursday	Friday
7.30 AM					
7.45 AM					
5PM					
6PM					

