

Please return to the school office or forward to
office@gracemary.sandwell.sch.uk a week prior to requiring Afterschool Care

Complete for all your children

Child's name: _____

Class: _____

Child's name: _____

Class: _____

Child's name: _____

Class: _____

Tick the boxes for each session you require for week starting **(insert dates)**

MONDAY	3.00 – 4.00pm ☐	3.00 – 5.00pm ☐
TUESDAY	3.00 – 4.00pm ☐	3.00 – 5.00pm ☐
WEDNESDAY	3.00 – 4.00pm ☐	3.00 – 5.00pm ☐
THURSDAY	3.00 – 4.00pm ☐	3.00 – 5.00pm ☐
FRIDAY	3.00 – 4.00pm ☐	3.00 – 5.00pm ☐

1. Do you wish for this apply for the whole term? YES / NO
2. Changes can be made by calling the office. Payments **MUST** be made through Parent Pay **PRIOR** to attendance.