



WESTHOLME SCHOOL

AFTER SCHOOL CARE REQUEST FORM

Name of Child _____ Form _____

Telephone number of:

Mother

Father

Another emergency contact

Address: _____

Special Diet or Medical Requirements: _____

Please state if your child stays at more than one address: _____

SERVICE REQUIRED

Monday to Friday Every Week During Term Time ☐

OR Selected Days as below:

Every Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Occasional Days: The School Office is to be informed at least 24hours in advance in order to book a place. There are no guarantees that casual bookings can be accepted if the service is full.