**WOODLAND GRANGE PRIMARY SCHOOL**

**OCTOBER HALF-TERM CAMP**

**Monday 18th to Friday 22nd October**

**PLEASE ONLY COMPLETE THIS FORM IF YOU ARE PAYING WITH CHILDCARE VOUCHERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | **Class** |  |
| **Childcare Voucher Company** |  |

 ***Please tick the sessions you require***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SESSION | COST | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | COST |
| 8am to 1pm | £13.75 |  |  |  |  |  |  |
| 1pm to 5pm | £11.00 |  |  |  |  |  |  |
| 8am to 5pm | £24.75 |  |  |  |  |  |  |
|  |  |  |  |  | Total amount in childcare vouchers |  |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent with parental responsibility**

**Please return this form to the school office email**

**office@woodlandgrange.leics.sch.uk**

**OFFICE USE ONLY**

|  |  |
| --- | --- |
|  **Date Childcare Voucher Payment Received**  |  |
| **Total Received** |  |
| **Signed**  |  |