



**Queen Eleanor Primary School**  
**After school Care Registration Form**

Name of child: .....

Year Group: .....

I would like my child to attend After School Care on the following days

Monday	Tuesday	Wednesday	Thursday	Friday

**Terms:**

- Club runs term time only.
- Payment must be made either in advance or on the day of attendance**
- Payment will not be refunded for non-attendance
- A notice period of one term is needed for changes to regular bookings.
- Parents/carers must inform the school office of any change in contact details.
- Parents/carers are asked to instil the importance of good behaviour at After School Care
- A After School Care Policy is available from school.

<b>Important medical information, including food allergies:</b>

<b>Contact details during After School Care session:</b>

I agree to the terms stated above:

Signed: .....

Name of parent/carer: .....

Date: .....