Queen Eleanor Primary School
Community Aspiration Resilience Empathy

Wraparound Care

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.

Important medical information, including food allergies:

Contact details during After School Care session:

I agree to the terms stated above:

Signed: ……..

Name of parent/carer: ……..

Date: ……..