



WRAPAROUND CARE AGREEMENT

2023/2024

Child's NameClass

Please list below any **medical conditions/allergies/dietary conditions** we need to be made aware of:

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.....

Name of Parent/Carer(please print)

Emergency contact number of Parent/Carer

Name/contact number/s of person/s (other than stated above) who will be collecting your child/ren from the "Stay and Play" club:

.....
.....
.....

I agree to book and pay via ParentPay in advance (by the Thursday of the week prior to the required session, if possible) and I understand that, if I have a regular booking and I do not pay by this day, then my place may be cancelled. If I require after school care (Stay and Play) I agree to pay £10 per part half hour if I am late collecting my child beyond 5.30 pm.

Signature of Parent/Carer

Name of Parent/Carer(please print)

Date

Your child is unable to attend Wraparound Care if the completed, signed form is not returned to school prior to commencement of sessions.