BRENTSIDE PRIMARY WRAP AROUND CARE

Putting Children First

Headteacher: Caroline Crosdale





BRENTSIDE PRIMARY WRAP AROUND CARE SIGN UP FORM

Please note we will use the information on your child's school application with regards to parent

contact deta	ils, your	child's dietary r	equirements and	d medica	I condition	information.		
Name of Pupil					Class	Class		
DOB								
EXPECTED REGULAR USE PATTERN Please tick your estimated usage of the club. Please note, this is adaptable with your schedule.								
		Monday	Tuesday	Wedn	esday	Thursday	Friday	
Breakfast Club After School Club								
CHILDCARE VOUCHER SCHEME If you will be using childcare vouchers to pay for wrap around care, please state the name of the scheme so we can ensure the school is signed up with the provider.								
AGREEMENT								
By signing this document I am agreeing to pay the fees and late fees within the agreed time limits.								
I am also ack terms and co			s right to termina	ate my u	se of the se	ervice if I do n	ot follow the	
Signed					Date			

Brentside Primary Academy