**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 details, your child’s dietary requirements and medical condition information.

Name of Pupil Class

DOB

**EXPECTED REGULAR USE PATTERN**

Please tick your estimated usage of the club. Please note, this is adaptable with your schedule.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Breakfast Club |  |  |  |  |  |
| After School Club |  |  |  |  |  |

**PARENT EMAIL ADDRESS FOR INVOICING**

Please provide the email address that you wish all invoices to be sent to.

**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 acknowledging the school’s right to terminate my use of the service if I do not follow the terms and conditions.

Signed Date