BRENTSIDE PRIMARY WRAP AROUND CARE

Putting Children First

Headteacher: Caroline Crosdale



BRENTSIDE PRIMARY WRAP AROUND CARE SIGN UP FORM

		use the information	•		• •	_	s to parent
contact de	etails, you	r child's dietary req	uirements and	d medic	al condition i	nformation.	
Name of Pupil				Class			
DOB Contact Number							
EXPECTED REGULAR USE PATTERN Please tick your estimated usage of the club. Please note, this is adaptable with your schedule.							
		Monday	Tuesday	Wedı	nesday	Thursday	Friday
Breakfas							
After Sch	1001 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 a terms and		lging the school's ri	ght to termina	ate my ι	use of the sei	vice if I do no	ot follow the
Signed					Date		

Brentside Primary Academy