



**Wrap Around Care: Agreement and Booking Form**

Child's name:	Date of birth:
Does your child have any medical conditions? If yes, please list.	Does your child have any allergies or strong dislikes? (i.e. food/materials). If yes, please list.
Are you happy for your child to use face paints, nail varnish etc?	Do you have any objections to photographs being taken of your child whilst at the Breakfast, After School Club and Play Scheme? (The photographs will be kept within the school for use on display boards etc.) Yes / No
Is your child a vegetarian? Does your child have a special diet? (If yes please state what type)? Yes / No	Is there any other information that you feel we should know?

I should like to confirm that my child will normally attend on the following days: (Please tick relevant day/s)

	<b>Breakfast Club:</b>	<b>After School Club full session:</b>	<b>After School Club Hours required:</b>	<b>Tea:</b>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

**FEES**

**Please look on the school website or ask at the office for the current fees.**

**Payment must be made at time of booking and bookings will not be confirmed until payment has been received.**

**When booking regular sessions payment would be required in advance either in full or part, paid by the start of term.**



## Agreement

Please read the following statements and sign the declaration and return to the office or to a member of the Wrap Around Care team.

### **1) General**

- I. I agree to my child attending the Bishops Down Breakfast, After School and Holiday Club.
- II. I agree that I will ensure that my contact details and other information on the registration form are kept up to date at all times
- III. I understand that if my child fails to attend a pre booked session that I will be charged according to the policy.
- IV. I agree that if my child is absent from school, I will inform the School Office if they were due at Breakfast or After School Club.
- V. I agree that if my child is absent from Holiday Club, I will contact Wrap Around Care by 9.00am
- VI. If for any reason I find I am unable to collect my child I will contact the club as soon as possible to make alternative arrangements.

### **2) Expectations**

- I. I agree that my child will be expected to play safely and within boundaries advised by staff. Should my child repeatedly behave in an inappropriate manner I accept that I may be asked to collect my child from the club.
- II. Should any issues arise I agree to meet and discuss them with the Wrap Around Care Manager at a mutually convenient time.

### **3) Medical**

- I. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatments, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

### **4) Financial**

- I. I agree to give a week's notice (by email) if cancelling a place in any Wrap Around Care provision, including After School Club tea. I understand that I will not receive a refund if less than a week's notice is given. With regards to sickness the first day of absence is charged but the subsequent days will be refunded if WAC has been notified on day one.
- II. I will collect my child from the After School Club and Holiday Club by 6:00pm at the latest. I understand that failure to do so will result in being charged a £5.00 penalty per 15 minutes, after 6.30pm a flat rate of £25.00 will be charged.
- III. In the circumstances where my child goes to an after school activity and then attends Wrap Around Care, I accept that I will be charged for the price of the full session booked, including their time spent in the after school activity. This is in the event that if an activity is cancelled the child's place will have been reserved.
- IV. I understand that the minimum period of time that can be booked in After School Club and Holiday Club is 1 hour. It is not possible to book in half hour slots.
- V. I will pay my fees in advance and should there be any issues, discuss it promptly with the Wrap Around Care Manager, the Finance Officer or the Head Teacher.
- VI. I agree if I make an ad-hoc booking I will pay in advance or on the day.
- VII. Should I fail to pay my fees in advance, I accept that my child(ren) will not be able to attend any Wrap Around Care facility, including the discos.

Childs Name \_\_\_\_\_ Year Group/Name \_\_\_\_\_

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_