



LINTHORPE COMMUNITY PRIMARY SCHOOL

WRAP AROUND CARE REGISTRATION FORM

CHILD, S NAME _____ DATE OF BIRTH _____

ADDRESS _____

_____ POSTCODE _____

CONTACT TEL NO.	NAME OF CONTACT	RELATIONSHIP TO CHILD
1.		
2.		
3.		
4.		

Breakfast will comprise of cereal, toast, fruit, yoghurt and juice. PLEASE DETAIL BELOW ANY DIET, HEALTH REQUIREMENTS OR ALLERGIES.

DO YOU GIVE PERMISSION FOR YOUR CHILD TO BE TAKEN TO HOSPITAL FOR TREATMENT IN THE CASE OF A SERIOUS MEDICAL EMERGENCY?

YES _____ NO _____ [please tick as appropriate]

I GIVE PERMISSION FOR MY CHILD TO USE THE INTERNET WITH ADULT SUPERVISION

YES _____ NO _____ [please tick as appropriate]

PLEASE SIGN BELOW IF YOU HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THE OUT OF SCHOOL CARE (Please see overleaf).

Signed _____ [Parent /Guardian]



Linthorpe Community Primary School

Wrap Around Care - Terms and Conditions for Parents/Guardians

All fees must be paid in advance at the time of booking via your **ParentPay account** and are non-refundable once a booking has been made.

Please inform our team by phoning the school office on 01642885222 (option 2) if your child is absent from school or not attending a session.

We are unable to take same day booking requests.

Breakfast Club - to ensure the safety of your child, please escort them to the door. Pupils are not permitted to cross the car park alone.

After School Club - please inform a member of staff if your child is attending tuition or an extra-curricular activity in school and needs to be collected by Wrap Around Care.

After School Club - please inform our team by calling the school office if a different person other than the named person on the registration form will be collecting your child.

To keep our fees low, we reserve the right to charge for missed booked sessions due to illness. This is due to staffing ratios being considered in advance at the time of booking.

If your account falls into arrears, your place may be withdrawn.

If your child requires medicine whilst at the club, parents are required complete a medicine form available from the school office and hand the medicine to an adult.

Please inform us by telephone message or letter if you no longer need the service.

I confirm that I have read and understood the terms and conditions detailed in the Wrap Around Care Policy.

Name of Pupil/s:

Parent/Carer Name:

Signed:

Date: