



ST. ANDREW'S CofE JUNIOR SCHOOL

Wraparound Care Agreement

Child's Name Class

Please list below any medical conditions or allergies we need to be aware of:

Name of Parent/Carer

Emergency contact number of Parent/Carer

Name of person signing your child out

Signature of person collecting your child

I agree to pay in advance on the Thursday of the week prior to the week I require wraparound care and I understand that if I have regular booking and I do not pay by this day then my place maybe cancelled. If I require after school care I agree to pay £10 per half hour if I am late collecting my child.

On occasion we may put on a PG film for the children to watch

I agree my child can watch a PG film Yes No.....

Signature of Parent/Carer.....

Date

Print name of Parent/Carer