AFTERS-CHOOL WRAPAROUND CLUB

Name of Child: _____

Year Group: _____

Parent Contact details: Phone number: _____

Email address: _____

Date/s required: _____

_____

Any dietary /allergy needs _____

_____

Any Medical Conditions: _____

_____

After School wraparound is available from 3.15pm to 5.30pm, if your child is not collected on time this can result in your child losing their place

Signed:_____ Parent/Carer

Date : _____