SCOTTON LINGERFIELD PRIMARY SCHOOL

Market Flat Lane, Lingerfield, Knaresborough. HG5 9JA



Wraparound Club Registration Form & Agreement	
Name of Pupil:	
Class:	
Address:	
Telephone Number (where you can be reached whilst your child is in before / after school club in case we need to contact you in an emergency, if this is a mobile it must be switched on):	
Medical Conditions:	
Allergies / Dietary Requirements:	
 provide breakfast and/or a light tea and inform you of any concerns which may a ensure equality of opportunity in all act be open, welcoming, and available to di 	and meaningful play, recreational and educational opportunities for your child drinks affect your child's progress or behaviour ivities

- encourage children to take care of their surroundings and others around them
- always ensure confidentiality
- keep you informed about the school events and activities through newsletters, email and website

THE CHILD - I will do my best to:

- be polite, friendly, kind and helpful to others
- demonstrate the school's core values
- respect the feelings and beliefs of others
- be responsible for all resources and help to keep my school tidy and safe
- ensure a happy environment for all and HAVE FUN!

THE PARENTS - We will endeavour to:

- ensure that our child only attends sessions that are booked in advance online
- ensure that our child is dropped off and/or collected on time by an adult
- contact the school if our child is going to be absent from a session

 contact the school promptly if there is a change in adult arrangements or collection times support and demonstrate the school's core values and behaviour policy support and adhere to the Wraparound Care Policy inform the school of any concerns or problems that might affect our child's wellbeing or behaviour 			
Parent Name:			
Parent Signature:	Date:		