



Wyke Regis Primary Federation After School Club

Contract Agreement

Child's Name: Class:

Date of Birth:

- I have supplied all the current medical information and contact details relating to my child and **I will be responsible for supplying the After School Club staff with any changes to this information.**
- I agree to my child receiving first aid in the event of an injury or illness and that I will be contacted as soon as possible
- I will ensure that I pick up my child promptly at the end of the each session.
- I understand that if my child is unable to attend an After School Club session which I have booked, I will **not** be entitled to a credit for each session lost due to staffing costs.
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- Any concerns or complaints will be addressed in the first instance to the After School Club Supervisor or, where appropriate, to the Head of Federation.

Signed: **PARENT/CARER**

Name:**BLOCK LETTERS**

Date: