**Application Form – Wraparound Care**

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| **Pupil Name** | **DOB** |

Please note our provision operates on a first come first served basis. Major permanent changes (e.g. removing/adding sessions) will require one months’ notice. Due to staffing ratios we may not always be able to accommodate your request. The office will confirm if we are able/no able to accommodate your request via email.

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| **Days** | **Before School Care****7.30am to 8.35am** | **After School Care****3.15pm to 6pm** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |

I confirm I have read a copy of the Streethay Primary School Wraparound Care policy and accept and agree to abide by the terms therein.

|  |  |
| --- | --- |
| **Name of Parent/Carer** |  |
| **Signature** |  |
| **Date** |  |

|  |  |  |
| --- | --- | --- |
| **Emergency Contact Name:**  |  |  |
| **Relationship:** |  |  |
| **Number:**  |  |  |
| **Hometime Security Password** |  |
| **Medical Needs/Allgeries** |  |