

**Wraparound Care Agreement**

Please sign the following undertaking in respect of the Waparound Care Fees for you child at Goodway Nursery School:

* I agree to pay 4 weekly in advance.
* I understand that if I do not pay my fees 4 weekly in advance I will forfeit my place.
* I agree to give one week’s notice in writing if I wish to give up my child’s place, and that no refunds will be given.
* The school will refund the fee when the school is closed for a day for staff training
* If my child is ill or does not attend any session that has been booked for them a fee will be charged as follows:
* Family holidays taken during term time: Full fee
* First day of absence: Full fee
* Thereafter: Half fee
* I agree that my child will not attend Wraparound Care for 2 days of first receiving antibiotics for a medical condition and 48 hours if experiencing sickness and/or diarrhoea.
* I understand that I should call 0121 464 3078 as soon as possible if I am running late.
* I understand that there is a **penalty payment** of £25.00 per child if I am more than 15 minutes late in collecting. Please remember that after 15 minutes it is our standard policy to put into action our procedures for late collection of pupils.
* Place required (Please circle):

**Morning session:**

* 8am - 8.45am @ £3.75 per session (including breakfast): **MON TUE WED THUR FRI**

**Afternoon session:**

* 3pm – 4pm @ £5 per session (including snack): **MON TUE WED THUR FRI**
* 3pm – 5pm @ £10 per session (including light tea): **MON TUE WED THUR FRI**

Name of parent/carer:

Name of child:

Allergies: Dietary requirements: Medical requirements:

Start date:

Signature of parent/carer:

Head Teacher’s signature:

*Copy for parent/carer & copy paced in child’s file*

Signed: ...................................................................................... Date:...............................................