Wraparound Provision

Parent / Carer Contract

Term:	Autumn 2 2026
Dates:	2nd November – 18th December

An electronic version of this form is available on our website: www.wharncliffeside.org.uk

Name of child:	
Class:	
Name of parent / carer completing this form:	

Sessions needed (please tick all that apply):

Type of session	Time	Cost per session	Days of the week (number during half-term)					School to complete	
			Mon (7)	Tues (7)	Wed (7)	Thurs (7)	Fri (7)	Total sessions	Cost
Breakfast Club	From 7:30am	£6							
Breakfast Club (Pupil Premium)	From 7:30am	£4							
After-School Club	Until 5:15pm	£10							
After-School Club	Until 6:00pm	£15							
								TOTAL:	

Comments / Notes:

Please tick to indicate agreement

☐ *I have read and understood the service-level agreement*
☐ *I understand that I will be invoiced the full amount for the sessions requested above*
☐ *I understand that any additional (ad-hoc) sessions must be booked via ParentPay*

Signed: …… **Date:** ……