



Before and After School Club Parental Agreement

Pupil Info

Name of Child _____

School Year Group _____

Opening Times

Breakfast Club	Monday to Friday	7:45am – 8:45am
After School Club	Monday to Friday	3:15pm – 5:15pm

Fees

Breakfast Club	7:45am – 8:45am	£5.00 per session (including breakfast)
	After 8:15am	£3.00 per session (without breakfast)
After School Club	3.15pm – 5:15pm	£8.00 per session
	3:15pm – 4:15pm	£4.50 per session

20% for siblings attending the same session

Fees must be paid on Monday or the first day of the month that the child attends. Fees can also be paid in advance and through Parent Pay (monthly / termly).

Absence Charge

All sessions that are requested on your registration form will be charged for.

If your child is absent full fees must still be paid as the cost of staff, food, heating, lighting etc. still have to be met. If you would like to make any amendments to your booked sessions we will require 24 hour notice in writing.

Late Collection

Please note Dishforth CE Primary charge a late collection fee of £4 per hour/part hour if you are late to collect your child at the end of their session.

Medical Information

Medical Condition _____

Allergies _____

Dietary Needs _____

Any other Information _____

DISHFORTH C OF E PRIMARY SCHOOL
GRANGE CLOSE, DISHFORTH, THIRSK,
YO7 3LN.

TEL 01845 577206 EMAIL admin@dishforth.n-yorks.sch.uk



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Parent/Carer Name _____

Address _____

Mobile Number _____

Work Number _____

Home Number _____

Please make sure that these numbers are up to date and let us know if you change your mobile number. Should school have to close due to problems with snow, we will use your mobile number to contact you in the first instance.

Doctors Name _____

Telephone No _____

Surgery Address _____

In case of emergency we may need to take your child to hospital. By signing this form, you agree to any emergency medical treatment deemed necessary.

Please remember to update us with any new contact details.

Signature

I / we agree to the terms and conditions

Name of Parent/Guardian _____

Signature _____

Date _____

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Days Attending

TIMES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:45am – 8:45am					
8:15am – 8:45am					
3:15pm – 5:15pm					
4:15pm – 5:15pm					

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