



PARENTAL AGREEMENT

Thank you for choosing SMILES Club for your child's before and/or after school care, we hope you and your child enjoy the services we offer.

Please review the following terms and confirm you understand and agree to them by signing the bottom of this agreement. You should then return a signed copy to the Club within 7 days and prior to your child's first booked session. We can accept an electronic signed copy of this agreement by email – please send these to smilesclub@welearn365.com.

Please note that we require a separate signed parental agreement for each child who is attending SMILES Club.

I, _____, agree to the following:

1. To pay all fees in accordance with the invoices issued to me, and as set out in the SMILES Club Terms and Conditions.
2. Persistent late payments after the required payment date or failure to pay these fees may result in my child's place being withdrawn and any action to recover unpaid fees being taken against me, including a referral to Warwickshire County Council's Legal Services Department.
3. To give a minimum of one month's notice to end or vary this agreement should I not require the SMILES Club services for my child. Where this is the case there will be no refund of any paid fees for booked sessions during the notice period.
4. Fees are due for all booked sessions, despite cases of illness or other absences from the Club, with the exception of School Holidays, Bank Holidays and School Inset Days.
5. Fees will not be refunded should School have to close due to events outside of our control, such as adverse weather conditions etc.
6. I will ensure that my child follows the SMILES Behaviour Policy, a copy of which is on the SMILES section of our website. We expect the children at our Club to make safe choices and be kind, polite and caring, and we have strategies in place for managing persistent inappropriate behaviour. I understand that my child's place at the Club may be withdrawn due to ongoing unsafe behaviour.
7. Where my child is unwell, I will keep them at home for 48 hours after bouts of sickness and/or diarrhoea, and until antibiotic treatment has started where my child has conjunctivitis or another eye condition.
8. For my child's data to be held by the School as detailed in the Privacy Notice, a copy of which is attached, which should be read in conjunction and before signing this agreement.

Signed: _____ Parent/Guardian

Date: _____ Name of Child: _____