Tree Tops Link Club 2025-26



Name of Child:					
Year Group and		Registration		orm	
Address				l	
Names of guard	ians d	Relationship to shild	Mobile Number	Work Number	Home Number
Please provide a		given in the eve	ent that a family men	nber of friend not ki	nown to link club staff
Please provide de	tails of any me	dical conditions	or dietary requireme	ents	
New Customers –	Please tick ses	sions required (All sessions subject to	o availability)	
	Please tick ses	sions required (All sessions subject to Wednesday	o availability) Thursday	Friday
New Customers – Breakfast					Friday
					Friday

Exiting Customers – Changing session times

Please complete this section if you would like to change or add to your current sessions. Only include those sessions you would like to stop attending. If you would like additional sessions, please indicate which days you would like.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Ceasing					
Breakfast Starting					
After school Ceasing					
After School Starting					
With effect from					

Parent Declaration

I confirm that I have read and understood the link club policy, terms and conditions.

By signing this agreement, I understand that I have entered into a contract with Treetops @GSP Before and After School Link Club and will adhere to the guidelines, including payments.

Name of parent / carer:	
Signature:	
Date:	

Once you have completed this form please return it to the school office or email to treetops@greatsankeyprimary.tcat.uk.com. For full terms and conditions, please refer to the Tree Tops Link Club policy and handbook on our website at www.greatsankeyprimaryschool.co.uk If requested sessions are not available, names will be added to a waiting list and you will be informed as a place becomes available.

For Office Use:

Headcount	Registers	Invoice	Confirmaton	Other