

I would like to secure the above places for my child on the days indicated above.

I enclose the registration fee of £10. (This will be deducted from my first invoice)

Not refundable if you decide not to start.

I understand the fees are payable monthly in advance.

This place is reserved for your child and there are no refunds for missed sessions.

Parent's signature:

CARE INFORMATION

Please give details of any allergies, illness, special needs, dietary restrictions etc.

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.....
.....

Please tell us about your child's interests. What would they like to do in after school club?

.....
.....
.....

DOCTOR

Please give details of the Doctor and Surgery the child is registered with:

Name of Surgery:

.....

Name of Doctor:

Telephone Number:

MEDICATION

I will notify the project supervisor of any specific medication which may need to be administered to my child/children, and I understand I will need to complete an additional consent form.

COLLECTION ARRANGEMENTS

The child/children named above will be collected by:

.....

Please give name and relationship to the child – mother, carer etc.

.....

Password

I agree to inform you in advance if the above arrangements for collecting my child/children are to be altered. By signing this form, I give permission for the named child to:

play in the school grounds with supervision

take part in individual / group photos

go for walks around the village

for photos to be used for promotion ie. Newspaper etc

I confirm that the above information is correct to the best of my knowledge and I understand that we reserves the right to reconsider the offer of a place should the information be incorrect.

Signed.....

Date:

Please Print Name :

PERMISSION FOR EMERGENCY/OPERATIVE TREATMENT

In an emergency, when a parent's attendance cannot be immediate, it is sometimes necessary to obtain treatment for a child from a Doctor or the Casualty Department of a hospital. As delay in these circumstances is highly undesirable, we would ask that you give your consent now in such case such an emergency should unfortunately arise.

In the event of sudden illness or accident affection my child, if recommended by a doctor, I agree to emergency treatment, including any operative treatment and/or administration of a general anaesthetic to my child.

Signed: Date

CONTRACT OF AGREEMENT AFTER SCHOOL CLUB

The parent/carer of any child/children attending the After School Club should have read and understood the Procedures and Terms and Conditions for the relevant club(s) before signing the following declaration.

- 1) I have read, understood and accepted all statements made in the Procedures and Terms and Conditions of the After School Club. I would like my child to be accepted into the club.
- 2) I understand that if my child does not behave appropriately at the club this will be dealt with in line with the school's behaviour policy. I acknowledge that, in rare cases, this may include fixed term or permanent exclusion from the club.
- 3) I agree to pay the half termly fees within two weeks of the invoice date, and understand that no refund will be made if we choose to cancel individual sessions.
- 4) I understand that if the school needs to close at short notice (for example in bad weather) the After School Club staff still need to be paid. Therefore the session fee will still apply in these rare circumstances.
- 5) I understand that the collection time following After School Club is 6pm, and that a late charge of £5 per 15 mins will be levied after this time, except where there are exceptional circumstances.
- 6) I will give a minimum of half a terms notice in writing to the school office or club supervisor should I wish my child to leave After school club.

The club has been registered by Ofsted and is regularly inspected by them.



Parent's signature: