



**KING'S PARK  
ACADEMY**

High Expectations Lead to High Achievers

**AFTER SCHOOL CARE CLUB AUTUMN 2016**

I wish to register my child for the After School Care Club:

**Child's Details**

Name	School child attends	Current year group/class	Date of Birth

**Parent/Carer Details**

Name:
<u>Home Address:</u>
Telephone:
<u>Work Address:</u>
Telephone:
Mobile Number:
Email Address:

Name:
<u>Home Address:</u>
Telephone:
<u>Work Address:</u>
Telephone:
Mobile Number
Email Address:

Alternative Emergency Contact Details (please provide details of at least one other person we can phone if we are not able to contact you)

Name:	Relationship to Child:	Mobile Number:
Address:		Other Telephone Number:

Name:	Relationship to Child:	Mobile Number:
Address:		Other Telephone Number:

**Details of Child's Doctor**

Name of Doctor:	
Address of Surgery:	Telephone Number:

**About Your Child**

Please detail any additional/special needs:
Please detail any medical needs including details of any medication:
Please detail any allergies:
Please detail any dietary requirements:
Any additional information:

- I consent to my child attending this club. I understand that the club has a code of conduct that myself and my child agree to abide by. I understand that failure to do so will mean that my child will no longer be able to attend the club.
- I understand that my child will be provided with a snack and drink whilst at the club unless otherwise requested.
- Once my child is delivered/collected for after school club he/she will be in the care of the staff until collected and signed out by a 'named' responsible adult.
- I will inform the school office if my child will not be attending the club on a day that he/she is booked in to the club.
- I will pay promptly for sessions even when my child does not attend, unless other arrangements have been made with the Head Teacher.
- I accept that whilst at the club my child may get involved in messy activities.

I give permission for a member of staff to administer appropriate first aid if required.

I give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.

Signed.....

### Terms and Conditions

- I understand that unless I have paid in advance and booked my child into the After School Care Club using the online system, my child will not be able to attend until this is done.
- If my child is not collected by 5.50pm I will pay a charge of £10 per quarter of an hour to cover the costs of the two staff who are legally required to stay.
- Parents/carers need to arrive 5 minutes before the end of the session to pick up your child.
- If my child remains at 6.15pm, after doing everything possible to contact parents and emergency contacts, then I understand that the after school club staff will be legally required to contact Social Care.
- I understand that staff cannot be held responsible for any lost or stolen items.
- I understand that should there be any incidents at the after school club involving my child, against another child or member of staff (whether it be physical or verbally) I will be informed of the situation and my child may be ask not to attend again.
- I understand that the information given on this registration form is confidential. However, there may be times, for example in the case of child protection concerns, when details may be passed to other agencies in line with the child protection policy.
- I confirm that the information given on this form is correct and agree to notify the club of any changes in detail.
- I have read and, in signing this form, accept the above conditions for my child attending the after school club.

I give permission for the named child to:

- play in the school grounds with supervision
- be face painted
- take part in individual / group photos
- for photos to be used for promotion i.e. Newspaper etc.

**Parent/Carer Signature:** ..... **Date:** .....

**Please print name**.....



# KING'S PARK ACADEMY

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**Child's Name:** .....

Sessions I wish my child to attend. Please tick the appropriate boxes

<b>DAY</b>	½ session 3.30pm – 4.30pm	½ session 4.30pm – 5.50pm	Full session 3.30pm – 5.50pm
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

The cost for each session is:

I wish my child to attend these dates from the week commencing:.....

To Week commencing:.....

½ sessions: 3.30pm - 4.30pm - £5.00

½ sessions: 4.30pm – 5.50pm - £5.00

Full session: 3.30pm – 5.50pm - £7.50

- **All bookings and payments must be completed** through the school's online system to confirm your child's place in the After School Care Club.
- Company voucher schemes can be used against the After School Care Club. Please contact the Finance Dept at Kings Park Academy for more information.
- **Booking confirmation will be done automatically when you have booked and paid online.**
- All payments need to be made at least 4 weeks in advance.

If you experience difficulties please contact the Little Ambers Nursery Manager.

**High Expectations lead to High Achievers  
Part of the Ambitions Academies Trust**