The After School Kids Club

Ottershaw C of E Infant School,

Fletcher Cl,

Ottershaw – Chertsey,

KT16 0JT

Dear Parents,

Thank you for registering with the After School Kids Club.

Enclosed are:

* Agreement between parents and the After School Kids Club (please return)
* Personal details (please return)
* Termly Booking Form (please fill in your requirements and return)
* Permission Form to Administer Medicine
* Admission and collection policies
* Permission for emergency treatment (please return)
* Escorting children between school and club policy and agreement (please return agreement)

A copy of the signed Agreement will be return to you.

A £10.00 registration fee will be charged. Please enclose it with your payment.

Please send all correspondence to: The After School Kids Club Ltd.

Att: Ingrid Escorihuela

15 Sumner Place

Addlestone - Surrey

KT15 1QD

Tel: 078104895922

Please feel free to call into the Club, during opening hours, or make an appointment to see me if you would like to discuss any matters arising from these forms, or any worries you may have about your Child attending the Kids Club.

Ingrid Escorihuela

Club Director

The After School Kids Club

Agreement between Parents

and

The After School Kids Club

Name of Child …………………………………………………………………………………..

Name of Parent/Guardian ……………………………………………………………………….

Address……………………………………………………………………………………………

Contact Name and Telephone Number ………………………….………………………………..

Parent/Guardian’s E-mail Address………………………………………………………………...

Name of Facility: The After School Kids Club Ltd.

**Term time only (excluding School In-service days). The Club will be closed the last day of each term.**

# Sessions: 7.40 am – 8.50 am £4.75 Mondays to Fridays

# 3:00 pm – 5:30 pm £14.50 Mondays to Fridays

Payments must be made in advance half termly/termly by transfer/ vouchers when booking.

**Charges** will be made for **late collection**.

The Club closes at **exactly 5:30pm** For any child **not collected** by this time, a charge **will be** made of £**5.00** for every 5 minutes or part thereof.

Notice of termination – 4 weeks’ notice and written confirmation.

Review of Charges will be made each term.

In order to secure a place for your child the **Booking Form MUST** be completed and **returned before the start date.**  Please **DO NOT** wait until the start of term or your child will **NOT** be guaranteed a place.

Absences: Children, who **do not attend** for whatever reason when booked in, will be charged full fees.

N.B. All children must be collected from the Club at the end of booked session.

The club will not undertake the care of sick children.

I have read the terms and conditions of The After School Kids Club and agree to follow its

policies and procedures.

Signed………..……………………. Parent/Guardian Date………………..

Signed …………………………….. On behalf of Kids Club Date………………..

**A £10.00 registration fee will be charged.** Please enclose it with your payment.

*(All the information provided in these forms will be treated confidential and only will be passed to the relevant staff/authorities according to the Data Protection Act).*

The After School Kids Club

**Personal Details:**

CHILD

Full Name: …………………………………………………………………………………………

Name “prefers to be called ‘: …………………………………Date of Birth……………………..

Home Address: ……………………………………………………………………………………

……………………………………………………. Postcode …………………………………..

PARENT/CARER

Mother’s Name……………………………… Father’s Name…………………………………..

Work Contact: ……………………………… Work Contact……………………………………

Mobile Number……………………………... Mobile Number………………………………...

Email : ………………………………………. Email: …………………………………………

Address (if different form Child’s home Address): …………………………………………………….

…………………………………………………………………………………………………………...

CONTACTS IN CASE OF EMERGENCY

**(other than named above and they must be willing to collect your child in a emergency)**

1. Name…………………………………….. 2. Name………………………………………….

Address ……………………………………. Address ……………………………………….

……………………………………………… …………………………………………………

Telephone …………. ……………………… Telephone ..……………………………………

CARE INFORMATION

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

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Does your child require an Epipen? Yes**............**No**.....................

Please ensure we have 2 in date Epipens and an antihistamine at the club as we do not have access to medication kept at the school. This must be clearly marked with their name and if possible a photo of the child.

**Does your child require an Inhaler? Yes**………**No**…………….

Please ensure we have an inhaler at the club as we do not have access to medication kept at the school. This must be clearly marked with their name and if possible a photo of the child.

A more detailed form may be required for children with complex needs **(attach a separate piece of paper**).

DOCTOR

**Please give details of Doctor and Surgery with whom your child is registered:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

MEDICATION

I will notify the Kids Club Supervisor or Staff of any specific medication, which may need to be administered to my child, and understand I will need to complete an additional consent form.

COLLECTION ARRANGEMENTS

The child named above will be collected by: ……………………………………………………...

Please give name and relationship. The person collecting must know the collection password.

Signature………………………………………………… Date………………………………...

PERMISSION TO BE WALKED FROM SCHOOL TO THE CLUB PREMISES

I understand that my child will be collected by a member of the Kids Club at the end of the school session and will be walked to the Kids Club, in order to start the After School Kids Club.

If my child is attending an extra-curricular activity arranged by the school, at the end of this activity, a member of the Kids Club will be collecting my child and will walk him/her to Kids Club in order to start the Kids Club session. I will notify of such clubs, so staff are aware of time collections.

Signature……………………………………Date……………………………………………..

PHOTOGRAPHY

It is a legal requirement that we request your permission to photograph your child whilst they are attending the Kids Club. We may wish to take photographs during Playscheme (e.g. for publicity, on the school website or for the Playscheme display).

I do/do not \* agree to my child being photograph for the above purpose whilst attending the Kids Club.

( \*Please delete as appropriate)

Parent’s Signature………………………………………..Date………………………………

##### **The After School Kids Club**

**Permission form to administer medicine.**

**MEDICATION RECORD**

CHILD’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOSAGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME OF MEDICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | TIME | MEDICATION  ADMINISTERED | DOSAGE  ADMINISTERED | SIGNATURES  (two) |
|  |  |  |  |  |
| Parent Signature…………………………………………………Date………………...  Parent Signature…………………………………………………Date………………...  Parent Signature…………………………………………………Date………………...  Parent Signature…………………………………………………Date………………...  Parent Signature…………………………………………………Date………………... | | | | |

##### **The After School Kids Club**

#### Consent Form

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 below in case such an emergency should unfortunately arise.

- In the event of sudden illness or accident affecting 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

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian(please delete as appropriate)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- In the event of sudden illness or accident affecting my child, I do not agree\* to emergency treatment, including any operative treatment and/or administration of a general anaesthetic to my child

It will be my whole responsibility and I will not be able to claim any liability to Doctors or to the After School Kids Club.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Career (please delete as appropriate)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(\* Please delete as appropriate whether you agree / do not agree)**

**The After School Kids Club**

**Escorting Children between School and the Kids Club**

If you would like your child to join the After School Kids Club, please complete the two forms below. The first one is for your child to join the walking bus. The second part is a ‘Code of Conduct’, which should be completed /read by you and your child.

(Please delete as appropriate)

I Mr/Mrs/Miss/Other (please specify)………………… Name…………………………..

Give permission for my child………………………………………………………………

Class…………………………………………, to use the school Kids Club.

Signed……………………………………………………

# Walking Bus Code of Conduct

1. The staff and children will always walk together and maintain a staff /child ratio.
2. Wait to be collected from your classroom at the Infant School.
3. Meeting point for the Junior School is the Buddy Bench.
4. Listen instructions and respect the staff and the children with you.
5. If you do not behave or follow instructions, you will not be allowed to continue using the Club.
6. Always wear the appropriate outdoor clothing to ensure that you remain dry and warm.

I have read/listened to and understood the rules for the Walking Bus

Name…………………………………………………Parent/Carer signature…………………….

Class…………………………………………………Date………………………………………...