

ST ALBAN'S BREAKFAST AND AFTER SCHOOL CLUB
Academic year 2022-23

PARENTAL CONTRACT – please read carefully and sign

Your child is accepted at the St Alban's Breakfast and/or After Club subject to the following conditions:

1. Your child must be registered with the club.
2. Club fees need to be paid in advance via SCOPAY the Thursday before the following weeks sessions. We accept childcare vouchers and tax free childcare payments. If your account is not cleared by the Thursday you will receive one written warning. If payment is missed on a further occasion your child will no longer be allowed to attend the club.
3. Sessions cannot be exchanged, but you may book additional sessions when needed, subject to availability.
4. Non-payment of fees may result in your child's place being withdrawn.
5. A £5 (per 5 minute) penalty charge is incurred if your child is picked up late from any club.

I give permission to staff at the St Alban's Breakfast and After School Club to give First Aid treatment to my child.

In the case of an emergency during the Club's hours, I authorise the Club staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

I hereby declare, that I the undersigned, understand the contract as set out above. I accept that it is legally binding, and that the information I have given is correct to the best of my knowledge.

Signed: _____ Name: _____

Relationship to Child: _____ Date: _____

ST ALBAN'S SCHOOL BREAKFAST AND AFTER SCHOOL CLUB

REGISTRATION FORM – STRICTLY CONFIDENTIAL

To be completed for **each** child:

| | |
|---|------------------|
| Full name of Child | Date of Birth |
| Mother's Name | Father's Name |
| Home Address | |
| Postcode | Telephone number |
| Contact email address | |
| Contact details (in case we need to contact you during working hours) | |
| Mother's Details | Father's Details |
| Name and contact details of other person authorised by parents to collect the child if different from the above 1. | |
| Name and contact details of a second person authorised by parents to collect the child in an emergency 2. | |
| Name of Family Doctor | |
| Surgery Address | Telephone |
| Does your child have any known medical problems or allergies? Please give details. | |

Does your child have any additional needs and what additional support may your child need at the club?

Does your child have any special dietary requirements? Please give details

What is your child's home language ?

Is there any background information on your child which may help us to understand your child better? Eg, fears, any recent family events which may have affected your child?

Please give us the password that you would like to use for your child/children. If you have already given us a password this will be recorded so unless you would like to change it there is no need to give us another one.