



Registration Pack

Please read the
information, complete
the forms and return to
the School Office with
your registration fee

Thank you

Vernon Park

after school club

Welcome to Vernon Park After School Club.

The following information is to assist the registration of your child, please read it carefully and keep for future reference.

Registration

Only children that have completed registration forms will be able to attend the club.

If you have more than one child please fill in a registration form for each child.

Opening Times

Monday - Thursday 3.15pm till 5.30pm
Friday 3.15pm till 5.20pm

Please note: we do not operate an After School Club session on the last day of every term ie Christmas, Easter and Summer.

Fees and Payments

£10.00 Registration Fee.
£4.00 3.15pm to 4.15pm (includes snack). Please note that pick up after 4.15pm will incur an additional £2.00 charge.
£3.50 From 4.15pm onwards if your child has attended a paid Sports Club.
£6.00 Full Session (3.15pm to 5.30pm Monday to Thursday or 3.15pm to 5.20pm on a Friday).
£5.00 per 15 minutes for late pickup (after 5.30pm Monday to Thursday or after 5.20pm on a Friday).

The one-off, non-refundable registration fee must be paid when registering your child at the club.

Fees for the week must be paid on the first day your child attends the club.

If your child is unable to attend you will still be required to pay, unless you have given 24 hours' notice. This is due to staffing requirement already being in place.

Bookings

Please fill in the days you require on the registration form, we understand that these may need to change, if so please let the Manager know by Friday of the previous week.

Collecting your Child

Children need to be collected by the above closing times. If you collect your child after this time there will be a charge of £5 per 15 minutes. Frequent late collections will result in the loss of your child's place.

Please provide written details of who will be collecting your child on the registration form, as we will not allow your child to leave the club with someone who is unknown to us. Please contact the Manager if arrangements have changed.

Notice

If you no longer require a place at the club please give two weeks notice.

All policies and procedures are available to read on request.

Please call **07875 990086** for all inquiries or emergencies.

We hope your child enjoys coming to our After School Club.

Thank you

Mrs L Smith
After School Club Manager

Vernon Park

after school club

Please complete one booking form for each child

Name of Child Name of Parents/Carers.....

Age of Child..... Date of Birth.....

Home Address.....

..... Post Code.....

Home Tel No..... Mobile Tel No.....

1 Work Tel No.....

2 Work Tel No.....

Other contacts in case of emergency:

1.Name..... Tel No.....

2.Name..... Tel No.....

Please give details of any medical conditions, allergies or dietary requirements that affect your child.

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Childs Religion..... Ethnicity.....

Doctor's Name..... Tel No.....

Address.....

Which class is your child in?.....

Who will be collecting your child from After School Club?

1.....

2.....

Which days do you require?

Monday	Tuesday	Wednesday	Thursday	Friday

Please notify in writing any changes to the days you require, we understand the need for flexible childcare. If less than 1 WEEKS notice is given of any changes we will have to charge you the normal fee.

Please notify the Manager if someone different is collecting your child, we will not allow your child to leave the club with an unknown person.

A £10 registration fee is payable for each child. This is a one off non-refundable payment.

Fees are due to be paid on the first day of the week that your child attends the club.

Please make cheques payable to: Vernon Park Primary School

Please Note:

We do not operate an After School Club session on the last day of every term.

I have read and understood the conditions.

Signature..... Date.....



Permission to Administer Medical Treatment

Name of Child:

Date of Birth:

In case of emergency, I give my permission for my child to receive any first aid or medical treatment necessary.

Name of Parent/Carer:

Signature:

Date:



Permission to take Photographs

During the course of our planned activities we may take photographs of the children taking part in activities. The photographs will be used for displays and newsletters.

Please sign below to allow us to do this.

Childs Name

I do/do not give my permission

Signature.....

Date.....