

Registration Pack

Please read the information, complete the forms and return to the School Office

Thank you

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 3.25pm till 5.30pm Friday 3.25pm till **5.20pm**

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

Fees and Payments

£10.00	Registration Fee (one off non-refundable payment).
£5.50	3.25pm - 4.25pm (includes snack) pick up after 4.25pm will
	incur the full £8.00 charge
£8.00	Full session 3.25pm - 5.30pm (5.20pm on a Friday)
£2.00	per every 5 minutes for late pickup

When registering your child at the club the one-off, non-refundable registration fee must be paid online using the 'schoolmoney' system. Login details will be provided.

Fees for the week must be paid on the first day your child attends the club. All payments are to be made online via the 'schoolmoney' system. We do not accept cash payments. Unfortunately, arrears may result in your child being unable to attend the club.

Bookings

Please book and pay for all sessions via our online 'schoolmoney' system. Bookings must be made in advance as we cannot accept same day bookings.

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.

All policies and procedures are available to read on request.

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

Thank you

Miss K Jones After School Club Manager

Name of Child	······································				
Name of Parents/Carers					
Age of Child Date	e 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 emergend	cy:				
1.Name	Tel No				
2.Name	Tel No				
Please give details of any medical conditions, allergies or dietary requirements that affect your child.					
Childs Religion	Ethnicity				
Doctor's Name	Tel No				
Address					

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 on 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					
do/do not give my permission					
Signature	Date				