

ST MARGARET CLITHEROW CATHOLIC PRIMARY SCHOOL

Before and After School Care Clubs

BOOKING FORM 26-27

Personal Details

Child's Name..... Date of Birth/...../.....

Address:

Post Code: Tel no.

Email:.....

Any Special Dietary Requirements/Allergies

.....
Any known medical conditions/allergies to medicines

Details of Parents/Guardians

Main Carer..... Contact Number.....

Address (if different from above).....

Parent/Carer 2..... Contact Number.....

Emergency Contacts:

Name..... Relationship..... Telephone:

Name..... Relationship..... Telephone:

Booking Requirements/Payment Details

Each breakfast club session is **£5.50** and early breakfast is an additional **£2.50** and each After School Care Club (ARC) session is **£12.50 3.15pm-5.30pm** or **£14.50 3.15pm-6pm** Ad-hoc sessions are charged at £6.00 8am breakfast or £9 for a 7.30am breakfast and £17.50 ARC. All fees are payable in advance.

Please indicate which weekly session days you will require below; all changes must be confirmed by Wrap Around Care staff. All offers for Breakfast and After School Club sessions must be accepted before the end of term.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast 7.30am - 8.40am - £8.00					
Breakfast 8am - 8.40am - £5.50					
ARC 3.15pm-5.30pm - £12.50					
ARC 3.15pm-6pm - £15.00					Not available

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Before and After school care clubs

Collection from After School Club

In the event that anyone other than the parent/carer needs to pick up from After School Club, we must have written permission or telephone confirmation, along with the name of the person who will be collecting. This person will need to confirm the password, specific to your child, before they are allowed to collect your child from After School Club.

Collection Password.....

Administering of Medication Permission

Whenever possible medication should be taken at home.

I give/do not give permission for the staff of St Margaret Clitherow Breakfast /Wrap around care to administer prescribed medicines to my child. I acknowledge and understand that all medicines should be accompanied by written consent with details of timings and dosages, and wherever possible to be handed to the staff personally, or through St Margaret Clitherow School Office as soon as the child arrives at school. All medicines should be clearly marked with the child's name.

Declaration for Emergency Treatment

I agree/ do not agree to the person in charge taking the necessary steps to ensure that my child named above receives the best and most appropriate care, attention, and treatment should there be an emergency or accident in the club, or while my child is on an authorised outing. I understand that the person in charge will make every effort to inform me of any emergency or accident as soon as possible after the event, but that they may have to accompany my child to hospital in the case of a serious accident in my absence. I give permission for the person in charge to authorise hospital staff to administer essential treatment until my arrival.

Signed (parent/carer)..... Date:

If you do not agree with any or all of the above declaration, please make your views known in the space below. The person in charge will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the above declaration and would prefer the following procedure to be followed for my child in the event of an emergency.

.....
.....

Signed (parent/carer)..... Date:

Doctor's Details

Doctor's Name and Address

.....
.....

Telephone no:

Please tick to confirm that you have read and agreed to the terms and conditions of After School and Breakfast Club. ☐