

Fairfield House, 104 Whitby Road, Ellesmere Port, CH65 0AB

www.s4yc.co.uk

info@s4yc.co.uk / 07734 705559 / 07814 389469

**OUT OF SCHOOL CHILDCARE CLUB**

Dear Parent / Carer

Please find attached a copy of the parent contract and booking form to enrol your child into a S4YC Ltd Out of School Club.

Forms are required to be returned to the address above or directly to the Manager at your child’s school.

If you would like any further information please do not hesitate in contacting:

* Whitby Heath and St Luke’s Primary School – paula@s4yc.co.uk
* Woodlands Primary School – dani@s4yc.co.uk
* Christ Church Primary School – anne@s4yc.co.uk
* Bishop Wilson, Gayton, High Legh, Parkgate, Sutton Green, Upton Heath Willaston – kaye@s4yc.co.uk

For further useful information please visit the following web addresses:

* Policies and procedures: <http://www.s4yc.co.uk/page/policies-procedures/36886>
* Parent Handbook: <http://www.s4yc.co.uk/page/parent-handbook/36869>
* Recent Ofsted reports: <http://www.s4yc.co.uk/page/ofsted-reports/36866>
* Up & Coming Holiday Clubs: <http://www.s4yc.co.uk/page/upcoming-courses/6394>

Kind regards

S4YC



# OUT OF SCHOOL CLUB BOOKING FORM

|  |  |
| --- | --- |
| **Child Name:** |  |
| **My child attends the following school:** |  |

**Please tick the following:**

|  |
| --- |
| **I require the following Breakfast Club sessions:** |
| Monday [ ] | Tuesday [ ] | Wednesday [ ] | Thursday [ ] | Friday [ ] |

|  |
| --- |
| **I require the following Afterschool Club sessions:** |
| Monday [ ] | Tuesday [ ] | Wednesday [ ] | Thursday [ ] | Friday [ ] |

|  |
| --- |
| **I require to a place on an ad-hoc basis dependent on the clubs availability [ ]** |

|  |  |
| --- | --- |
| **My child will start club on the following date:** |  |

**Club Prices – Please contact your Club Manager to confirm the current price of the sessions.**

**If you would like to pay via childcare vouchers please see the associated providers and ID numbers below:**

|  |  |
| --- | --- |
| **Voucher Company**  | **Identification number** |
| BUSY BEES/COMPUTER SHARE  | 0013874866 |
| ACCOR/EDENRED | P20526337 |
| FIDELITY | S4YC Out of School Club |
| KIDS UNLIMITED | 336549 |
| KIDDY VOUCHERS  | CH65 6TQ |
| SEDEXO | 808993/Post Code CH2 1ED |
| CO-OP | 85104520 |
| CARE 4 | 66222647 |
| EARLY YEARS VOUCHERS | 10480 |
| RG Vouchers  | 21777057305 |

**Parent/Carer’s Contract**

|  |  |
| --- | --- |
| **Child’s Name:** |  |
| **Parent or Carer Name:** |  |

* I consent for my child to attend Out of School Club. I understand that the club has policies and procedures and that there are expectations and obligations relating to both the club and myself and my child and I agree to abide by them.
* I understand that Out of School Club is a playcare facility and that whilst my child is there S4YC - Out of School Club is legally responsible for him/her.
* My child will be provided with a light snack and drink whilst at the club unless otherwise requested.
* My child will be given stimulating and challenging play opportunities in a fun and safe environment.
* Once my child is signed into Out of School Club he/she will be in the care of the Out of School Club until collected and signed out by a ‘Named’ responsible adult.
* I will inform the club manager/deputy if I am collecting my child from school on a day that he/she is booked in to the club and understand I will be charged for the session.
* I will book my child into the club directly with the club manager will pay promptly for booked sessions even when my child does not attend.
* It is my responsibility to keep the club manager informed of any alterations to the information regarding my child.
* I accept that whilst at Out of School Club my child may get involved in messy activities and will provide my child with appropriate clothing to accommodate this.
* Out of School Club closes at 6.00pm and if for any unforeseen circumstances I am going to be late, I will contact the manager/deputy immediately.
* If my child is not collected by 6.00pm I will pay a charge of £10 per quarter of an hour to cover the costs of the two staff who are required to stay, plus any extra caretaker cost incurred.
* If any child remains at 7.00pm, after doing everything possible to contact parents and emergency contacts, then Out of School Club will be legally required to contact Social Services.
* Whilst we try to ensure the safety and security of items, we cannot be held responsible for anything lost or stolen, we advise children do not attend sessions with expensive equipment/toys.
* I have read the behaviour policy and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the club and I understand I will be required to pay for these suspended sessions.
* Should there be any incidents at Out of School Club involving my child, I will be informed of the situation as soon as possible.
* If my child has an accident, then he/she will be treated by a qualified first aider and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment and I am unavailable, a member of staff from Out of School Club may sign any consent forms necessary for treatment on my behalf.
* Any information and details regarding my child will be treated as confidential. However, there may be times, for example in cases of child protection concerns, when details of my child may be passed on to other agencies. For example Police, Social Care and Health Care Professionals.
* Parents need to keep copies of all invoices and receipts for the need of any HMRC Tax Credit claims. Further copies can be produced within 28 days of request at a fee payable in advance of £25.00.

I have read and understood the above terms and conditions and I agree to abide by them.

|  |  |
| --- | --- |
| **Parent / Carer Signature:** |  |
| **Date:** |  |

**Admissions Form**

Child’s Full Name:

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

Date of Birth:

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

Gender:

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

School Attended:

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

Ethnicity:

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

Religion (if any):

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

Languages Spoken:

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

Parent/Guardian **details (Please inform us who has a legal parental responsibility to pick your child up)**

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

Home Address:

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

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

Telephone Number:

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

Mobile Number:

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

E-Mail Address:

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

Parents/Carers Place of Work:

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

Parents/Carers Daytime Telephone Number:

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

Other Emergency Contact Details:

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

Names of Persons Authorised to collect your child (including contact numbers):

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

Doctor’s Name:

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

Doctor’s Address/Telephone Number:

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

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

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

Health Visitors Name (if applicable):

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

Health Visitors Address/Telephone Number (if applicable):

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

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

Details of any Significant Health Issues (including a special educational needs and/or physical disabilities statement):

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

Details of any Special Dietary Requirements, Allergies and Significant Food and Drink

Preferences:

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

Do you consent for members of staff at the Club to apply sun cream to your child in hot conditions?

Yes/No

Any Other Relevant Information:

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

I hereby consent for my child to take up a place at this Club, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the Club, and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child’s continued attendance at the Club.

I confirm that the information given above is correct, and I promise to contact the Manager as soon as any of the details change.

In the event that my child is involved in a serious incident while at the club, I expect the Manager, or a delegated member of staff, to contact me immediately on the above emergency contact number.

In the event that my child requires immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

|  |  |
| --- | --- |
| **Parent / Carer Signature:** |  |
| **Date:** |  |

# Photograph Permission Form

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At S4YC – Out of School Club we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

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

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

* Electronic and printed information, displays and exhibitions at the Club
* Website for Club
* Promotional material for the Club
* To accompany staff or student coursework
* Observation and assessment
* Club records of my child
* Local newspaper or magazine
* National newspaper or magazine
* Other organisation’s website
* Other organisation’s promotional material
* Other

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child’s participation.

|  |  |
| --- | --- |
| Child’s name:  | Parent/carer’s name: |
| Date: | Parent/carer’s signature: |