**St Vincent’s VC Academy After School Provision Changes**

Dear Parents/Careers,

Due to the increase in the cost of living we are having to make a slight increase to all the afterschool club charges. We have been very relucent to do this, but it is the only way we can still provide the afterschool club care for all our pupils.

|  |  |  |
| --- | --- | --- |
| 3:30pm to 4:00pm | 0.5 hour | £3.50 |
| 3:30pm to 4:30pm | Up to 1 hour | £4.50 |
| 3:30pm to 5:00pm | 1.5 hours | £5.50 |
| 3:30pm to 5:30pm | 2 hours | £7.25 |
| 3:30pm to 6:00pm | 2.5 Hours | £8.50 |
| **Late fee (including children who have not pre-booked into after-school club)** | **Every 30 minutes** | **£15.00** |

**Bookings:**

Please pre-book weekly via Parent Pay. Your child will be allocated to this session giving you the ability to pre-book.

Children must be collected on time, any children collected late will have additional fees added to their account.

Session fees must be paid for in advance, any fees not paid for will result in your child/children unable to attend until fees are cleared along with the missed payment fee being added to your account. Any cancellations are non-refundable due to the costings of the services and staff members provided.

Thank you for your continued support, STV Admin.

**AFTER SCHOOL CLUB – PARENT/CARER AGREEMENT**

I wish my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the St Vincent’s VC Academy After School Club.

I give authorisation for my child to be collected only by the adults named on the registration form. I understand that I must inform the staff at the After-School Club of any changes to the collection information in advance and preferably in writing.

For out of school clubs in which the youngest children are **younger than reception age**, the standard EYFS statutory staffing ratios (usually 1:8 but can be 1:13 if you have highly qualified staff) applies for these children. To ensure that we are operating at a safe level, we must stick within these ratios, meaning that we have limited availability for our out-of-hours service.

I will give at least 24 hours’ notice if my child is not going to attend the After-School Club, or to report any change in circumstance. I understand that if I do not do this, I will have to pay the session fee, unless my child is absent from school due to illness.

**I understand that if I am late collecting my child, without explanation, I will be subjected to a charge of £15.00 for every 30 minutes that I am late.**

I consent to first aid treatment being given to my child whilst attending the After-School Club. I understand that a trained First Aider will administer this treatment.

I understand that the After-School Club accepts no responsibility for any toys or games that my child may bring along to the Club.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFTER SCHOOL CLUB – BOOKING FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Full Name: | |  | | | | Year Group: | |  | | |
| Days Required: | Mon |  | Tues |  | Wed |  | Thurs |  | Fri |  |
| **Emergency Contact Details** | | | | | | | | | | |
| **Emergency Contact 1** | | | | | | | | | | |
| **Name:** | |  | | | | Mobile No: | |  | | |
| **Emergency Contact 2** | | | | | | | | | | |
| **Name:** | |  | | | | Mobile No: | |  | | |
| **Dietary Requirements/Health Conditions** | | | | | |  | | | | |
| Does your child have any health problems e.g. allergies, long term medication or medical conditions? | |  | | | | Will you allow emergency treatment to be given to your child if required? | |  | | |
| Are there any foods you do not wish your child to eat? | |  | | | | | | | | |
| **Photograph Consent** | | | | | | | | | | |
| **I give permission for photographs to be taken**  **I do not give permission for photographs to be taken** | | | | | | | | | | |
| **Parent Name:** | |  | | | | **Parent Signature:** | |  | | |
| **Date:** | |  | | | | | | | | |

**AFTER SCHOOL CLUB – COLLECTION OF CHILDREN**

**ADULTS AUTHORISED TO COLLECT YOUR CHILD (MUST BE OVER**

**18 YEARS)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **RELATIONSHIP TO CHILD** | **SIGNATURE FOR FUTURE REFERENCE** | **PASSWORD (IF APPLICABLE)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Is there anyone who you do not wish to collect your child?** | Yes/No |
| **If yes please provide details below** | |
| **Is there any other information you wish for us to know?** | |

Please note that it is the Parents/Carers’ responsibility to inform the club of any changes to these details.

Parents/Carers’ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Carers’ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All information will be dealt with confidentially and will be kept in a secure lockable file.