June 2021

Dear Parents/carers

Please indicate below which sessions you require for ‘Before and After’ school child-care.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Before School £4.00 | Until 4.15pm  £5.00 | Until 5.15pm  £8.00 |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**Please note, if your child is booked into a session and fails to attend a charges will still apply to cover costs, this includes illness, unless the illness exceeds 5 school days. Please see Little Acorns charging policy.**

Attached to this letter you will find a form requesting details regarding your child.

**These forms need to be completed and returned before your child can be admitted to the club.**

The telephone number for before and after school club is 0121 779 8055

Yours sincerely

Little Acorns Team

**CHALLENGE, SUPPORT, PROGRESS**

Email: office@smithswoodpri.solihull.sch.uk www.smithswoodpri.solihull.sch.uk

Smith’s Wood Primary Academy Limited – a private company limited by guarantee and an exempt Charity

Registered in England & Wales – Registration number 09065312

 VAT number 189285257

Registered office is situated at Burtons Way, Smith’s Wood, Birmingham, B36 0SZ

****

**Little Acorns Before School Club / After School Club Registration Form**

**THIS FORM MUST BE COMPLETED BEFORE A CHILD IS LEFT WITH THE CLUB**

Child’s Details

|  |  |  |
| --- | --- | --- |
| Name | Current year group | Date of Birth |
|  |  |  |

I wish to register my child for (please tick):

Before School Club

After School Club

Before and After School Club

Parent / Carer Details

|  |  |  |
| --- | --- | --- |
| Name |  | Name |
| Home Address  Telephone: |  | Home Address  Telephone: |
| Work Address  Telephone: |  | Work Address  Telephone: |
| Mobile Number |  | Mobile Number |
| Email Address |  | Email Address |

Alternative Emergency Contact Details (please provide details of at least one other person we can phone if we are not able to contact you)

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Child | Mobile Number |
|  |  |  |
| Address | Relationship to child | Other Telephone Number: |

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Child | Mobile Number |
|  |  |  |
| Address |  | Other Telephone Number: |

Details of Child’s Doctor

|  |  |  |
| --- | --- | --- |
| Name of Doctor |  |  |
|  |  |  |
| Address of Surgery |  | Telephone Number: |

About Your Child

|  |  |  |
| --- | --- | --- |
| Please detail any additional/special needs: |  |  |
|  |  |  |
| Please detail any medical needs including details of any medication: | | |
|  |  |  |
| Please detail any allergies: |  |  |
|  |  |  |
| Please detail any dietary requirements: |  |  |
|  |  |  |
| Any additional information: |  |  |
|  |  |  |

* I consent to my child attending this club. I understand that the club has policies and procedures and there are expectations and obligations relating to the conduct of myself and my child and I agree to abide by them. I understand that failure to do so will mean that my child will no longer be able to attend the club.
* I understand that my child will be provided with a snack and drink whilst at the club unless otherwise requested.
* Once my child is delivered / collected for before/after school club he/she will be in the care of the staff until collected and signed out by a ‘named’ responsible adult.
* I will inform the school office if my child will not be attending the club on a day that he/she is booked in to the club. Fees will apply for cancelled sessions.
* I will pay promptly for sessions even when my child does not attend, as detailed in the charging policy
* I accept that whilst at the club my child may get involved in messy activities.

|  |  |  |
| --- | --- | --- |
| I give permission for a member of staff to administer appropriate first aid if required.  I give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.  Signed ………………………………………….. | | |
|  |  |  |

Terms and Conditions

* I understand that persistent late or non-payment of fees will jeopardise my child’s place. Accounts must remain in credit to secure your child’s place.
* If my child is not collected by 5.15pm I will pay a charge of £10 per quarter of an hour to cover the costs of the two staff who are legally required to stay. If I fail to collect on time after a late collection charge has been applied my child’s place may be withdrawn.
* If my child remains at 5.45pm, after doing everything possible to contact parents and emergency contacts, then I understand that the after school club staff will be legally required to contact Solihull council Safeguarding & Welfare department
* I understand that staff cannot be held responsible for any lost or stolen items.
* I understand that should there be any incidents at either the before or after school club involving my child, I will be informed of the situation.
* I understand that the school’s and club’s policies will apply to both the breakfast and after school clubs.
* I understand that the information given on this registration form is confidential. However, there may be times, for example in the case of child protection concerns, when details may be passed to other agencies in line with the child protection policy.
* I confirm that the information given on this form is correct and agree to notify the club of any changes in detail.
* I have read and, in signing this form, accept the above conditions for my child attending the before/after school club.

Signature of Parent / Carer ………………………………………….. Date…………………….

Please print name …………………………………………..