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# After School Stay and Play

**Autumn Term 2020**

The After School club provides an extensive range of activities and opportunities including group role play, art, table top activities, indoor & outdoor physical activities and wet & messy play without any detriment to your home! The service we provide is suitable for children aged 4yrs (Yr R) through to 11 years, you are however required to complete and return a booking form as we are only able to accommodate 20 children. Any child collected after 6pm will incur a further session charge of £5.00 per 5 minutes. **All sessions must be paid for in advance using SCOPAY as we are not able to accept cash or cheque payments at this time. Please read information relating to Covid-19 overleaf.**

**CHILD’S NAME**………………………………… **Year Group** ……

CHILDREN MAY ATTEND FOR A PART OR FULL SESSION AS FOLLOWS:

Session 1: **3.30 – 4.45pm** Fee **£6.00**

Session 2: **4.45 - 6.00p.m** Fee **£3.00**

WHICH DAYS WILL YOUR CHILD BE ATTENDING THIS TERM (Please tick all relevant boxes)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MONTH/DATE** | **MONDAY** | | **TUESDAY** | | **WEDNESDAY** | | **THURSDAY** | | **FRIDAY** | |
| **SESSION TIME** | **3.30-4.45** | **4.45-6** | **3.30-4.45** | **4.45-6** | **3.30-4.45** | **4.45-6** | **3.30-4.45** | **4.45-6** | **3.30-4.45** | **4.45-6** |
| **September** | **Summer Holiday** | | **Summer Holiday** | | **Summer Holiday** | | Inset  Day | | Inset Day | |
| **September** | 7 | 7 | 8 | 8 | 9 | 9 | 10 | 10 | 11 | 11 |
| **September** | 14 | 14 | 15 | 15 | 16 | 16 | 17 | 17 | 18 | 18 |
| **September** | 21 | 21 | 22 | 22 | 23 | 23 | 24 | 24 | 25 | 25 |
| **September/October** | 28 | 28 | 29 | 29 | 30 | 30 | 1 | 1 | **INSET Day** | |
| **October** | **INSET Day** | | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 |
| **October** | 12 | 12 | 13 | 13 | 14 | 14 | 15 | 15 | 16 | 16 |
| **October** | 19 | 19 | 20 | 20 | 21 | 21 | 22 | 22 | 23 | 23 |
| **Half Term** |  |  |  |  |  |  |  |  |  |  |
| **November** | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 |
| **November** | 9 | 9 | 10 | 10 | 11 | 11 | 12 | 12 | 13 | 13 |
| **November** | 16 | 16 | 17 | 17 | 18 | 18 | 19 | 19 | 20 | 20 |
| **November** | 23 | 23 | 24 | 24 | 25 | 25 | 26 | 26 | 27 | 27 |
| **November/December** | 30 | 30 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 |
| **December** | 7 | 7 | 8 | 8 | 9 | 9 | 10 | 10 | 11 | 11 |
| **December** | 14 | 14 | 15 | 15 | 16 | 16 | 17 | 17 | **No After School Club** | |

I have made payment using SCO Pay to the value of £ to secure my booking for …… sessions/days.

If you use a voucher scheme to pay for childcare please let the school office know.

**PLEASE CONTACT THE SCHOOL OFFICE 01794 512047 WITH ALL ENQUIRIES. The school office will be closed at 4.00pm daily.**

**Emergency contact for the After School Club between 3.30pm-6.00pm 07849756147**

Refunds will only be given in extreme circumstances as authorised by the Head Teacher.

If, for any reason, you have fallen behind with payment of your fees, the Governing Body will consider withdrawing your child's place at the afterschool club and refusing any future bookings. The Governing Body will discuss your circumstances with you before any action is taken. IF YOU ARE EXPERIENCING DIFFICULTY IN MAKING PAYMENTS FOR YOUR CHILDCARE PLEASE CONTACT THE SCHOOL OFFICE.

**COVID-19 CHILD CARE**

Children will be encouraged to socially distance and keep within their year group bubble. To protect staff we are advising parents to limit the number of different wraparound providers being used and ask that you seek assurance that the providers are carefully considering their own protective measures and that you only use those providers that can demonstrate this.

**MEDICAL CONDITIONS/FOOD ALLERGIES/DRUG ALLERGIES:**

PLEASE INDICATE WHETHER YOUR CHILD HAS ANY MEDICAL / FOOD ALLERGIES / INTOLLERANCES:

……………………………………………………………………………………………………………………….….

………………………………………………………………………………………………………………………….

**EMERGENCY CONTACTS;**

(INDICATE: **H** – HOME **W** – WORK **M** – MOBILE)

1. NAME ……………………………………………………NUMBER……………………………………….…….

2. NAME………………………………………………… …NUMBER…………………………………………......

3. NAME ……………………………………………………NUMBER …………………………………………….

Person/s authorised to collect my child at the end of the session:

………………………………………………………………………………………………………………………….

.........................................................................................Signed…………………………………parent/carer

**DOCTORS SURGERY**

NAME OF DOCTOR -------------------------------------------------------------------- TEL -------------------------

SURGERY ADDRESS --------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------- POST CODE ------------

**CONSENT FOR EMERGENCY TREATMENT**

As Parent/Legal Guardian I consent to my child receiving Emergency Medical Treatment in my absence and authorise the attending After School Club staff member to sign any relevant documentation as required on my behalf.

Signed.......................................................................................................... Date .......................

In addition I authorise the Club Leader to sign on my behalf any/all forms of consent required by Doctors/Paramedics/Hospital Authorities where the delay in my signature is deemed by such persons to be detrimental to my child’s health and or recovery.

Signed ......................................................................................................... Date ......................

To collect your child please telephone 07849756147 to make the leader aware that you have arrived. Your child will be taken to the side door of the small front car park and handed to you.