



## **ECS BREAKFAST/AFTER SCHOOL/HOLIDAY CLUB REGISTRATION FORM**

Child's Name: .....

Parent's name: .....

Email address: .....

Telephone number: .....

- I would like to secure the above places for my child/children on the days indicated above.
- I have paid my £10 registration fee via Scopay
- The session rate is £6.50 for Breakfast Club and £10.00 per child for After School Club.
- Holiday club is charged at £32 for a full day (8.30am – 5.00pm), half a day is charged at £16 (8.30am-12.45 OR 12.45pm-5.00pm)

Parent's signature: .....

Date: .....

## **ESHER CHURCH SCHOOL BREAKFAST/AFTER SCHOOL/HOLIDAY CLUB**

Esher Church School Breakfast/After School Club has been running since February 1999 and operates during term time (excluding inset days), Monday to Friday, 7.45am – 8.45am and 3.15pm to 5.45pm. It is based in the Eden building at Esher Church School, Milbourne Lane, Esher, Surrey.

We have fully competent and trained staff who plan each session in advance to enable your child/children to benefit from and enjoy the time they spend with us. They endeavour to provide suitable activities for all the children who range in age from 4 to 11 years old; our maximum ratio of adult to child is 1:8. The children are provided with breakfast; which includes drinks, fresh fruit, yogurts, toast and a selection of sugar free cereals or a snack; which includes drinks, fresh fruit and vegetables, dips and pitta bread, sandwich or toast.

In the event of an emergency, the club can be contacted on the school line **01372 – 463139** or the club's mobile on **07487 391457** between 7.45 am – 9.00am, Monday to Friday or 3.15pm – 5.45pm, Monday to Friday.

The club has been registered by Ofsted and is regularly inspected by them.

For more information, a viewing, to register or to make a booking, please come and visit us in the Eden building.

**ECS BREAKFAST/AFTER SCHOOL/HOLIDAY CLUB CHILD INFORMATION SHEET**

Separate form to be completed for each child and returned to us

Child's Full Name: .....

Home Address: .....

..... Postcode: .....

Home telephone number: .....

Date of birth: .....

**PARENT/CARER**

Name: .....

Employer's Name : .....

Telephone Number: ..... Mobile: .....

EMAIL: .....

**CONTACT IN CASE OF EMERGENCY OR LATE PICK UP**

Other than named above

Name: .....

Telephone Number: .....

Name: .....

Telephone Number: .....

**CARE INFORMATION**

Please give details of any allergies, illness, special needs, dietary restrictions etc.

.....  
.....  
.....

(A more detailed form may be required for children with complex needs)

**DOCTOR**

Please give details of the Doctor and Surgery the child is registered with:

Name of Surgery: .....

Name of Doctor: .....

Telephone Number: .....

**MEDICATION**

I will notify the project supervisor of any specific medication which may need to be administered to my child/children, and I understand I will need to complete an additional consent form.

**COLLECTION ARRANGEMENTS**

The child/children named above will be collected by:

.....

Please give name and relationship to the child – mother, carer etc.

The named person will identify themselves and the child by providing information about the child/children e.g. Date of birth.

I agree to inform you in advance if the above arrangements for collecting my child/children are to be altered.

**ECS AFTER SCHOOL CLUB CONSENT FORM**

**PERMISSION FOR EMERGENCY/OPERATIVE TREATMENT**

In an emergency, when a parent's attendance cannot be immediate, it is sometimes necessary to obtain treatment for a child from a Doctor or the Casualty Department of a hospital. As delay in these circumstances is highly undesirable, we would ask that you give your consent now in such case such an emergency should unfortunately arise.

In the event of sudden illness or accident affection my child, if recommended by a doctor, I agree to emergency treatment, including any operative treatment and/or administration of a general anaesthetic to my child.

Signed: ..... Date .....

**ECS AFTER SCHOOL CLUB PERMISSION TO SWIM (when weather permits)**

I/We give permission for .....

..... (child/children names)

to swim at the After School Club.

Signed: ..... Date: .....

**CONTRACT OF AGREEMENT  
BREAKFAST CLUB/AFTER SCHOOL CLUB**

The parent/carer of any child/children attending the Breakfast Club and/or After School Club should have read and understood the Procedures and Terms and Conditions for the relevant club(s) before signing the following declaration.

- 1) I have read, understood and accepted all statements made in the Procedures and Terms and Conditions of the Breakfast Club and/or After School Club. I would like my child to be accepted into the club.
- 2) I understand that if my child does not behave appropriately at the club(s) this will be dealt with in line with the school's behaviour policy. I acknowledge that, in rare cases, this may include fixed term or permanent exclusion from the club(s).
- 3) I agree to pay the half termly fees within two weeks of the invoice date, and understand that no refund will be made if we choose to cancel individual sessions.
- 4) I understand that if the school needs to close at short notice (for example in bad weather) the Breakfast Club and After School Club staff still need to be paid. Therefore the session fee will still apply in these rare circumstances.
- 5) I understand that the collection time following After School Club is 5:45pm, and that a late charge of £1 per minute will be levied after this time, except where there are exceptional circumstances.
- 6) I will give a minimum of half a terms notice in writing to the school office or club supervisor should I wish my child to leave Breakfast Club and/or After School Club.

Signed:.....

Name: .....

Relationship to Child: .....

Date: .....