|  |  |
| --- | --- |
| **Child's Full Name**  |  |
| **Child’s Date of Birth** |  |
| **Ethnicity** |  | First Language |  |
| **Parent/Guardian Names**  |  |
| **Home Address** |  |
| **Telephone Number 1****Telephone Number 2** |  |
| **Email Address** |  |
| **Year Group and Teacher’s Name**  |  |
| **Doctor’s Name and** **Telephone Number**  |  |

Please select your child’s attendance pattern by ticking the appropriate boxes below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session Type** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **3pm-4pm** |  |  |  |  |  |
| **3pm-6pm** |  |  |  |  |  |

Please select your child’s start date (1st Club attendance date): **/ /**

**After School Club Fees:**

**£10.00 per session 3pm-4pm**

**£15.00 per Session 3pm – 6pm** (Sibling Rate £14.00)

**Bank Details for Payments by BACS:**

All My Friends Childcare Ltd, Sort Code 20-33-83 Account Number 60684716 (reference child’s name).

**Authorisation**

We only allow authorised adults to collect your child. Please give details below of any person you wish to

authorise to collect your child.

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Contact Number** |
|  |  |  |
|  |  |  |
|  |  |  |

**We also request your authorisation for the following:**

* taking your child on routine outings from the After School Club e.g. park or library
* to have emergency first aid treatment administered to your child by a qualified person
* for a member of the After School Club staff to sign any written form of consent required by the hospital authorities if the delay in getting a parental signature is considered by the doctor to endanger your child's health or safety
* Refer to our Medication Policy for the administration of medicines.
* to have your child’s photograph used for training and promotional literature.

All My Friends Childcare Ltd assumes your authorisation for each point noted above on receipt of this signed contract. Please discuss any concerns you may have regarding any of these points with the After School Club Manager before completing the registration for your child.

**Terms & Conditions**

* 4 weeks’ notice in writing will be required to cancel this contract.
* We regret that absences due to illness/occasional days off cannot be refunded and contracted sessions are not transferable.
* Additional ad hoc sessions may be booked, subject to availability on the date required.
* All My Friends Childcare expects parents to notify the After School Club of any change in registration details and provide necessary information requested concerning their children’s care.
* After School Club has a behaviour policy designed to protect both children and staff and to ensure that all can enjoy the facilities the club offers. We do not use physical punishment in the discipline of the children. A copy of our behaviour policy is available on request.
* Parents are requested to notify us of any accident or injury suffered by the child since the last session they attended.
* Written parental consent will be required each time prescribed medication is to be administered by qualified staff.
* The Club cannot accept children who are suffering from any contagious disease or who have had diarrhoea or vomiting within the previous 48 hours.
* We reserve the right to make a charge to cover additional staffing costs if the child is not collected by the specified time.
* Fees are due on the date shown on the invoice (the first day of the month). Late payment of fees will result in the charge of an administration fee, currently £20 per invoice.

**Registration fee of £25.00 (non-refundable) Date paid / /**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent:** |  | **Date:**  |  **/ /**  |
| **Parent Name** |  |
| **For All My Friends Childcare**  |  |  |  **/ /**  |
| **Full Name** |  |

**All My Friends Childcare After School Club is located at Heron Primary School, Heron Way, Abbeydale, Gloucester. GL4 4BN**