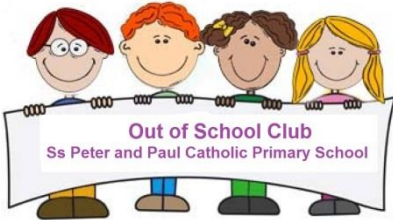


Out of School Club

Ss Peter & Paul Catholic Primary School



Atherton Street, Wallasey, Wirral, CH45 9LT

Tel: 0151 639 2991 Fax: 0151 638 5232

www.stpeter-stpauls.wirral.sch.uk

Headteacher – Mrs P Graham

Out of School Club Contract

Please enrol my child _____ (name)

From date _____

Please tick the daily sessions you require in the table below.

Breakfast Club

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

After School Club

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Fee Conditions

To reserve your child's place four weeks in advance must be received at registration prior to commencement. Failure to commence will result in your fees being non-refundable.

Once registered and payment received your child's place is guaranteed. Fees will be incurred for any absence on a normal day of attendance due to illness or holidays.

Children should be dropped off and collected at the entrance by the Hall.

Ss. PETER & PAUL RESERVE THE RIGHT TO IMPOSE A LATE FEE OF £7.00 AFTER NORMAL CLOSURE TIME.

One weeks' notice by either party is required for any alteration of sessions or termination of the contract except for non-payment of fees when the contract will be terminated at the management's discretion.

Fees are fully inclusive of refreshments.

Other names persons collecting the children must use the Password and be aged 16 years or over.

The club is not held responsible for the loss or damage of personal possessions including clothing and footwear.

Fee Structure



Breakfast Club – 7.45 am – 8.55 am

(Last breakfast serving 8.30am)

£4.00 per child per session

After School Club - 3.30 pm – 6pm

£7.50 per child per session.

I hereby agree to abide by all terms and conditions, policies and procedures of Ss. Peter & Paul and aware that failure to comply will result in the termination of my child's place at the club.

Agreed four week fee £_____ at _____ sessions per week.

Photographs

I give my permission for photographs to be taken of my child in the Out of School Club for display purposes only. Yes/No

Signed _____

Parent/Guardian of _____

Date _____

Out of School Club Registration Form

Name of Child _____ Date of Birth _____

Start Date _____ Leaving Date _____

Mother/Carer Name _____

Address _____

Post Code _____

Home Telephone _____ Work Telephone _____

Father/Carer Name _____

Address _____

Post Code _____

Home Telephone _____ Work Telephone _____

Person to be contact in an emergency if parent/carer is unavailable.

Name _____

Relationship to child _____

Address _____

Post Code _____ Telephone _____

Password _____

Persons collecting your child must use the password and be aged 16 years or over.

Out of School Club Registration Form (Page 2)

Child's Doctor _____

Address _____

Telephone number _____

Does your child suffer from any allergies or medical conditions? Yes / No

Parent/Carer Signature _____

Does your child have any dietary restrictions? Yes / No

Parent/Carer Signature _____

If yes, please specify _____

Any additional information? Yes/No

If yes, please specify _____

Parent/Carer Signature _____

PLEASE GIVE YOUR CONSENT FOR US TO CONTACT THE EMERGENCY SERVICES IF WE ARE UNABLE TO CONTACT YOU OR ANY OF THE OTHER NAMED CARERS. YES/NO

I confirm that the above information is correct.

Parent/Carer Consent

Data Protection - I acknowledge receipt of the Data Protection Privacy Notice and I give my consent to my child's information to be used in accordance with the notice.

Signed _____ Parent / Carer

Date _____

