

HETTY BREAKFAST AND AFTERSCHOOL CLUB

Hoole Lane, Hoole, Chester, CH2 3HB

Telephone: 01244 500908

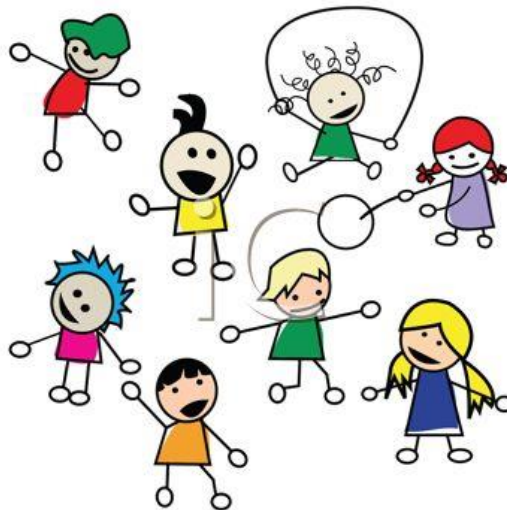
Email: hettymanager@hooleprimary.cheshire.sch.uk

Website: www.hettypreschool.co.uk

HETTY MANAGER: Mrs Denise Bowes

DEPUTY MANAGER: Mrs Sue Noden

TEACHER: Mrs Su Chester B.Ed (Hons)



Date application submitted:

Requested start date:

HETTY Before and After School Club

HETTY opens five days a week, term time only.

HETTY will be closed on bank holidays.

Holiday care is available for 50 weeks of the year (closed 2 weeks at Christmas).

There is a separate registration form for holiday club care.

Hours of opening

Breakfast care 7.45am to 8.50am, breakfast served up to 8.30am.

After school care 3.10pm to 5.45pm, snack served between 3.30 and 4.00pm.

Fees

Breakfast session **£4.00** including breakfast.

After school session **£10.00** including snack.

A 5% discount will be given for more than one child.

Full fees are payable for sessions missed through sickness, holidays or cancellations. Fees are to be paid weekly unless an agreement has been made with Mrs Bowes beforehand. Payments can be made by cash, debit card, cheque and standing order.

Valuables

Children must not wear/bring jewellery, toys or other valuable items into HETTY.

Attendance

If you wish to cancel your child's place at HETTY we will need two weeks written notice or charges will still be made

Child's Details

Name	School attended	Current year group	Date of birth

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

- HETTY Breakfast club
- HETTY After school club
- HETTY Breakfast and After school club

Provision	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club					
After school club					

Parent/Carer Details

Name
Relationship to child:
<u>Home Address</u>
Telephone:
<u>Work Address</u>
Telephone:
Mobile Number:
Email Address

Name
Relationship to child:
<u>Home Address</u>
Telephone:
<u>Work Address</u>
Telephone:
Mobile Number
Email Address

Religion/Faith :
Festivals/Customs observed:
Language spoken at home:

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		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:

<p>I give permission for a member of staff to administer appropriate first aid if required.</p> <p>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.</p> <p>I expect to be contacted immediately on the above telephone numbers.</p> <p>Signed.....Date.....</p>
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- 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 breakfast/after school club he/she will be in the care of the staff until collected by a 'named' responsible adult. Please inform a member of staff if someone other than yourself is collecting your child.
- 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.
- I will pay promptly for sessions even when my child does not attend, unless other arrangements have been made with Mrs Bowes.

Terms and Conditions

- I understand that persistent late or non-payment of fees may jeopardise my child's place.
- If my child is not collected by 5.45pm I may incur an extra charge to cover the costs of the two staff who are legally required to stay. If my child has still not been collected 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 Social Care.
- I understand that staff cannot be held responsible for any lost or stolen items.
- I understand that HETTY's behaviour policy will apply to both the breakfast and after school clubs. HETTY is a time for fun, but my child should be aware of behaviour expectations. If my child chooses not to behave, this could jeopardise my child's place.
- 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 breakfast/after school club.

I give permission for the named child to:

- | | |
|---|--------------------------|
| ▪ play in the school grounds with supervision | <input type="checkbox"/> |
| ▪ be face painted/have nails painted | <input type="checkbox"/> |
| ▪ take part in individual / group photos | <input type="checkbox"/> |
| ▪ for photos to be used for display purposes within HETTY | <input type="checkbox"/> |
| ▪ for photos to be used for publicity, eg. newspapers | <input type="checkbox"/> |

Photographs of Children

We often take photographs of the children during breakfast/afterschool club to show what we have been up to. Such photographs would then be displayed around the setting, on our HETTY website or on promotional literature such as fliers or the local newspapers. Photographs will be stored on the system at HETTY for up to 6 years.

Please see our privacy data protection policy on the HETTY website (hettypreschool.co.uk) for detailed information on what information is collected and how this information is stored.

By ticking this box, you are consenting to us continuing to holding and processing your data and sending you information.

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