

The 'Gap' After School Club

TERMS and CONDITIONS

- 1 Children must be collected at the agreed time. Late pick-ups will be charged an extra £10 a session.
- 2 If your child is not going to attend on a designated day written notification must be given to Mrs Smith before or on the morning of the day in question.
- 3 If you withdraw your child from GAP you must give a half term's notice or payment in lieu in order to allow that place to be filled.
- 4 Should arrangements be made at any time for any other adult to collect any child the Supervisor must be informed and where possible, introduced to the nominated adult.
- 5 Adults collecting any child must present themselves to a member of staff before escorting them from the site.
- 6 Unless it is requested or optional as part of any activity, children should not bring any toys, games or valuable items to the site. Nor should they bring any money.
- 7 Children must be appropriately clothed for participation in all activities, and suitable to weather conditions.
- 8 Behaviour by any person 'on-site' considered by the organisers to be unacceptable and inappropriate will not be tolerated.

These include: smoking, alcohol, drug abuse, solvent abuse, bad language, and any other situation which could cause disruption and/or distress.

Continuous disruptive and unacceptable behaviour by any person (child or adult) will be reported to the organisers by the Supervisor. This will be followed by discussion with other staff and the person(s) concerned
- 9 Respect for, and proper use of, all property, equipment and the premises is essential and must be maintained by all persons (child or adult) at all times.
- 10 All information exchanged by any person involved with the project must be kept strictly confidential.
- 11 The success of the project depends on co-operation and sharing between all those involved. Parents should address any comments they wish to make to the organisers.

CONTRACT OF AGREEMENT

The parent(s) of any child/ren attending the project should have read and understood the Terms and Conditions before signing the following declaration

- 1 I have read and understood and accepted all statements made in the 'Terms and Conditions', I would like my/our child/ren to be accepted to the project.
- 2 I/we undertake to explain all appropriate statements to my/our child/ren and emphasise the importance of abiding by those statements.
- 3 I/we understand that should I/we, my/our child/ren, or any person nominated to attend the project on my/our behalf, contravene any of those statements, it could result in any of those persons being expelled from the site, and/or the project.

Should this occur, I/we understand that any monies paid will not be refunded.

- 4 I/we understand that any decisions made by the organisers will be final.

Signed:

Full Name (please print) _____

Date: _____

Names(s) of Child/ren _____

Please return this signed declaration with your Booking Form together with the information sheets provided to:
THE GAP AFTER SCHOOL CLUB
c/o Cleves School Office

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 a Casualty Department of a Hospital. As delay in these circumstances is highly undesirable, we would ask that you give your consent below in case such an emergency should unfortunately arise.

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

Signed: _____ Parent/Guardian

Address: _____

Date: _____

THE GAP AFTER SCHOOL CLUB

CHILD INFORMATION SHEET

A separate form must be completed for each child

CHILD:

Full Name: Preferred Name:.....

Home Address:
.....

Home Telephone No: Mobile No:.....

Age:..... Date of Birth:.....

PARENT:

Name:

Work Contact: Company/Organisation:.....

Department:

Address:
.....

Telephone: Mobile:.....

Contacts in case of Emergency

(Other than parent named above)

1 Name:

Address:

Telephone:

2 Name:

Address:
.....

Telephone:

CARE INFORMATION

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

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

DOCTOR

please give details of doctor and surgery with whom registered:

.....
.....

MEDICATION

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

COLLECTION ARRANGEMENTS

The child/ren named above will be collected by:

.....

Please give name and relationship e.g. mother, guardian, etc. who will identify themselves and the child by providing information about the child/ren e.g. date of birth.

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

PHOTOGRAPHY

It is a legal requirement that we request your permission to photograph your child/ren whilst they are attending the play scheme. We may wish to take photographs during the play scheme (e.g. for publicity or for the lay scheme display)

I agree to my child/ren being photographed for the above purposes whilst attending the play scheme.

Parent's Signature: Date:.....

PLEASE RETURN ALL FORMS TO THE CLEVES SCHOOL OFFICE