

EATON MILL WRAPAROUND

Saffron Street, Mossmans Close, Bletchley, Milton Keynes, MK2 3AH Tel: 01908 373621 Fax: 01908 367324

Email: emw@tpamk.co.uk



OFSTED Registration Number: EY319429

Dear Parents/Carers

Welcome to our After School Club. Please read the information contained in this registration pack, fill in the necessary paperwork and return it to the Atrium. Should you have any further questions then please feel free to speak to me or any other member of the team.

AFTER SCHOOL CLUB TERMS AND CONDITIONS

Session	Time	Cost
1	3:15pm – 4:45pm	£6.00
2	4:45pm – 6:00pm	£7.00

A registration fee of £45.00 per family MUST be paid before your child starts at After School Club. This is fully refundable at the end of your contract with us, assuming that all fees have been paid in full up to and including the last day of attendance and providing that you give at least two weeks' written notice that you no longer require the place.

Please note: if your child is not present on a day they are booked to attend you will still be charged full fees for the missed session/s unless you have provided two week's written notice.

In the After School Club there will be a drink and snack provided between 3:15pm – 3:30pm. For children who are attending the second session, a hot meal will be provided between 4:30pm - 5:15pm; please see the menu displayed on the parents' noticeboard for details.

It is very important that you record all foods and/or liquids that your child is either allergic to or cannot have on the consent form contained in this pack.

Homework is undertaken during the first session on a Monday, Wednesday and Friday unless you expressly request that your child does not complete their homework whilst in After School Club.

We have a limited number of spaces available and therefore places must be booked in advance and we require a minimum of 24 hours' notice for any additional sessions. If you wish to amend and/or cancel any sessions, two weeks' written notice is required.

There will be a charge of £2 per minute for any child collected late in order to cover staffing costs to meet safety ratios. Please note: persistent late collection may result in your child's place being withdrawn.

All fees must be paid by the due date specified on the invoice. Failure to pay by this date will incur a 10% surcharge being added to your account. Should a month lapse from the date stated on the invoice, your child's place will be withdrawn immediately without notice.

Please be advised that all children will be subject to a probationary period before their place at the club is secured. In the event of unacceptable behaviour, the limited company known as Eaton Mill Wraparound reserves the right to temporarily or permanently exclude any child in their care without notice. If you would like more information on this, please don't hesitate to speak to me.

All After School Club policies are available for you to view on request.

Yours sincerely

Michaella Barnes-Austin **After School Club Manager**



EATON MILL WRAPAROUND

Ofsted Outstanding Early years provider

REGISTRATION FORM

Child's Name:					
			(Class:	
Parent/Carer Nam	ne:				
Parent/Carer Con	tact Number:				
I would like to res	serve a place f	or my child	at ASC starting fr	om:	
Please indicate by	ticking in the b	oxes the ses	sion/s that you wo	uld like yo	ur child to attend:
	Monday			1 -	7
	Tick ✓	Session	Time	Cost	
		1	3:15 – 4:45pm	£6.00	
		2	4:45 – 6:00pm	£7.00	
	Tuesday				
	Tick ✓				
	Tick √	Session	Time	Cost	
	Tick ✓	Session 1			
	Tick ✓		Time 3:15 – 4:45pm 4:45 – 6:00pm	£6.00 £7.00	
		1 2	3:15 – 4:45pm	£6.00	
	Tick ✓ Wednesday Tick ✓	1 2	3:15 – 4:45pm	£6.00]
	Wednesday	1 2	3:15 – 4:45pm 4:45 – 6:00pm	£6.00 £7.00	
	Wednesday	1 2 Session	3:15 – 4:45pm 4:45 – 6:00pm	£6.00 £7.00	
	Wednesday Tick ✓	1 2 Session 1	3:15 – 4:45pm 4:45 – 6:00pm Time 3:15 – 4:45pm	£6.00 £7.00 Cost £6.00	
	Wednesday	1 2 Session 1	3:15 – 4:45pm 4:45 – 6:00pm Time 3:15 – 4:45pm	£6.00 £7.00 Cost £6.00	
	Wednesday Tick ✓	1 2 Session 1 2	3:15 – 4:45pm 4:45 – 6:00pm Time 3:15 – 4:45pm 4:45 – 6:00pm	£6.00 £7.00 Cost £6.00 £7.00	
	Wednesday Tick ✓	Session 2 Session	3:15 – 4:45pm 4:45 – 6:00pm Time 3:15 – 4:45pm 4:45 – 6:00pm	£6.00 £7.00 Cost £6.00 £7.00	
	Wednesday Tick ✓ Thursday Tick ✓	Session 1 2 Session 1 1 1	3:15 - 4:45pm 4:45 - 6:00pm Time 3:15 - 4:45pm 4:45 - 6:00pm Time 3:15 - 4:45pm	£6.00 £7.00 Cost £6.00 £7.00	
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	Wednesday Tick ✓ Thursday Tick ✓	Session 2 Session 1 2 Session 2 Session	3:15 – 4:45pm 4:45 – 6:00pm Time 3:15 – 4:45pm 4:45 – 6:00pm Time 3:15 – 4:45pm 4:45 – 6:00pm	£6.00 £7.00 Cost £6.00 £7.00 Cost £6.00 £7.00	
	Wednesday Tick ✓ Thursday Tick ✓	Session 2 Session 1 2 Session 2	3:15 – 4:45pm 4:45 – 6:00pm Time 3:15 – 4:45pm 4:45 – 6:00pm Time 3:15 – 4:45pm 4:45 – 6:00pm	£6.00 £7.00 Cost £6.00 £7.00 Cost £6.00 £7.00	



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CONSENT FORM

Ciliu 5 Full Name		
Date of Birth:	Age:	. Class:
Address:		
Name/s of Parent/s and/or Carer/s:		
Contact number/s:		
Who has legal contact with your child?		
Who has parental responsibility for your child?		
My child is allergic to the following foods / has th	e following dietary req	uirements:
Details of any Significant Health Issues (including	g Special Educational	Needs):
Ethnicity:		
Spoken Language/s:		
Language spoken at home:		
Can your child have face paint applied? YES / N	O (please delete as a	ppropriate)
Doctor's Surgery:	Tel no:	
Doctor's Address:		
Staff will not allow any person/s to collect your is provided by you.	ur child unless addit	ional written / verbal permission
The following people are authorised to collect my	y child from After Scho	ool Club:
Names of authorised people:	Relationship to c	hild and telephone number:
Signed:		

I / We hereby give Eaton Mill Wraparound consent to:
 Take my child on outings (e.g. library, park, walks to local areas of interest)
Signature(s)
Let my child have supervised access to play on large play equipment.
Signature(s)
 Seek emergency medical assistance / treatment for my child. (Eaton Mill Wraparound staff to contact me as soon as is reasonably practicable.)
Signature(s)
 Administer paracetamol based pain relief (i.e. Calpol), or an anti-histamine based medication during hay fever season (i.e. Piriton), to my child if necessary.
Signature(s)
Apply Asda suncream.
Signature(s)
Transport my child in the event of an emergency.
Signature(s)
 Take photographs of my child within the setting and on visits. These may be used in displays and for other observational purposes.
Signature(s)
 I have read and agree to my child having full access to the Eaton Mill Out of School Day Care Equal Opportunities policy.
Signature(s)
I have read and agree to the Safeguarding Children policy.
Signature(s)
I am aware that a full set of policies and procedures are available in the setting for me to read.
Signature(s)
I hereby consent to my child taking up a place in After School Club, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the After School Club, and agreed to abide by them.
I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the After School Club.
I confirm that the information given above is correct and I will contact the Manager as soon as any of the details change.
Signed: Parent/Carer Date: