

# BEMBRIDGE CE PRIMARY SCHOOL



## After School Care Club Information & Registration Form

Bembridge CE Primary School

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Bembridge

Isle of Wight

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## After School Care Club Information

Dear Parents/Carers,

Thank you for your interest in The After School Care Club which is based in Bembridge C of E Primary School providing a safe and welcoming environment. The Club is open from 15:00 to 17:00 Monday to Friday during term time. We can take children from Reception to Year 6 who attend Bembridge CE Primary School.

We are flexible to meet your needs:

- bookings can be on a regular or on an ad hoc basis
- children can attend any number of days a week from 15:00-17:00

The cost of the club (per child) is £6 for the first hour irrespective of start time and £3 for each subsequent hour. Parents can choose from two start times: 3pm (normal school closure time) and 4pm (end of school activity clubs) and collection times are 4pm, 5pm or 6pm. Guaranteed regular bookings can be made in advance or ad hoc bookings with some notice to ensure spaces are available.

### **The After School Care Club will provide:**

- a reliable, safe supportive and welcoming environment where children can participate in a variety of activities alongside their school peers.
- a healthy snack comprising of toast, fruit, etc and milk or water
- a programme of varied activities
- respect for any dietary, religious or medical requirements
- caring and qualified supervisory staff
- opportunities for support learning (by helping with homework and reading)

### **Staffing**

Where numbers dictate, there will normally be two After School Care Club staff on duty, both have an enhanced DBS, and one will be First Aid trained and have a certificate in Food Hygiene.

### **Routine**

Reception and Year 1 children will be escorted from their classrooms (or their free afterschool club at 4pm) to the After-School Care Club whilst Year 2-6 children will be allowed to make their own way. The After-School Care Club will then follow the usual registration process to confirm attendance. Pick up will be from the entrance **at the front of the school** at 4pm, 5pm. Please call the mobile number advertised in the office window and your child(ren) will be brought out to you.

Numbers are limited to ensure a safe adult: child ratio so please ensure that your child's place is booked in advance. You will also be required to complete an **After-School Care Club Registration/Booking Form** (see below page 2 and 5) and comply with the attached **Terms and Conditions**.

### **Childcare vouchers and Tax-Free Childcare**

The school can accommodate payment by childcare vouchers. This needs to be arranged via your employer. The scheme allows you to pay for childcare out of your pre-tax and national insurance income.

For accurate savings figures, look at the childcare voucher calculators on [Computershare Voucher Services](#) or [KiddiVouchers](#). The Government has also rolled out the [Tax-Free Childcare](#) (TFC) scheme.

## After School Care Club Registration Form

### Child's Details

Child's full name: _____	
Child's date of birth: _____	Child's current year group (at school) _____
Child's Home Address: _____ _____	
Post Code: _____	Home Tel: _____

### Parent/Carer Details

Names of parent/carers with whom the child normally lives:			
1. _____	Parental Responsibility?	YES	NO
Home: _____	Mobile: _____	Work: _____	
Email: _____			
2. _____	Parental Responsibility?	YES	NO
Home: _____	Mobile: _____	Work: _____	

### Additional details as applicable

Name of parent with whom the child does not live: _____	
Parental Responsibility?	YES NO
Address: _____ _____	
Home: _____	Mobile: _____ Work: _____
Does this parent have legal access to the child? YES NO	

## Emergency Contacts

Alternative Emergency Contact Details (please provide details of at least one other person)

### Emergency Contact 1

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact 2

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## Details of Doctor

Name of Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address of Surgery: \_\_\_\_\_

\_\_\_\_\_

## About Your Child

Please detail any additional/special needs as applicable: e.g. Language spoken at home:

\_\_\_\_\_

Please specify any medical needs including details of any medication:

(Are there any medications that your child/ren take regularly e.g. for asthma, diabetes, eczema or potentially life-threatening conditions)

\_\_\_\_\_

\_\_\_\_\_

Please detail any allergies:

\_\_\_\_\_

Please detail any dietary requirements:

\_\_\_\_\_

\_\_\_\_\_

Year 5 and Year 6 pupils will be allowed to walk home from the After School Care Club at 4pm only. All pupils must be collected after 4pm.

I give permission for my Y5/Y6 child to walk home at 4pm

I do not give permission for my Y5/Y6 child to walk home at 4pm and will collect.

## Your Signed Agreement

You have been given a copy of the **Terms and Conditions** for the After-School Care Club along with references to the parent applicable policies of the school with this Registration Form.

All accidents and emergencies are recorded as per school policy – **the After-School Care Club staff will be alerted to any accidents/issues on handover.**

I give permission for a staff member to administer appropriate first aid if required.

I give permission for a staff member to seek any emergency medical advice or treatment if required.

I expect to be contacted immediately on the above telephone numbers in the event of an emergency.

Please reference our **Supporting Pupils at School with Medical Needs Policy**; please note that medicines can only be administered by a staff member in exceptional circumstances when prescribed by the child's doctor - Parents are required to fill out an **Administering Medical Consents form** available from the school office.

I understand that the information given on this Registration Form is confidential and kept under the terms of the respective Privacy Policies of Bembridge CE Primary School.

I will inform the After-School Care Club team if any of the above details change.

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

Please print name .....