**After School Kids Club**

**Booking Form**

**Child’s name ……………………………………………………………………………**

**Sessions required (please tick)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

**Start date: …………………………………………**

**Current fees are £9 per session. If two or more siblings attend a reduced fee of £8 per child applies.**

**Terms and Conditions of Use**

* I understand that **fees are payable monthly, in advance**.
* We will invoice you each month. Fees must be paid no later than the first Monday of each month.
* Your child may lose their place in the Kid’s Club if payment is not promptly received.
* We reserve the right to charge an additional administration fee if your cheque is not accepted by the bank.
* You must pay for any sessions booked even if your child does not attend due to illness or for any other reason.
* You must give one month’s notice if you no longer require a place in the Kid’s Club.
* We will give you at least one month’s notice of changes to fees or cancellation of the service.
* We may terminate this agreement without notice at any time if your child does not comply with the School’s Behaviour Policy.
* **The Kid’s Club closes at 5:30pm. If for any reason I am going to be late, I will contact Kids Club on 07999528566 as soon as possible.**
* If my child is not collected by 5:30pm, I understand that I will incur a charge of £5.00 for every 10 minutes to cover the costs of the staff that are required to stay behind to supervise my child.
* If my child still remains at 6:00pm and the club has been unable to reach me or any of my emergency contacts, I understand that the Club will follow its Uncollected Child Policy and may contact Social Services.
* Whilst we try to ensure the safety and security of items, we cannot be held responsible for anything lost or stolen.
* If my child has an accident then he/she will be treated by a qualified first aider and I will be informed as soon as possible.
* If there is a situation where my child needs urgent medical treatment (medication/ X-ray) or medical advice and I am unavailable, a member of staff from the Kid’s Club may sign any necessary consent forms on my behalf.
* Where the School has endorsed my claim for Tax Credit, we are legally obliged to notify the HMRC if I cease to use the service during the period of my claim unless I give a minimum of 10 days notice. Your Tax Credit claim form will indicate that we may be held jointly liable for any claim HMRC consider to be fraudulent.
* I understand that aggressive or abusive behaviour will not be tolerated.

**I have read and understood the above terms and conditions and agree to abide by them.**

**Signed: ………………………………………… Date: …………………………**

**Parent or carer’s name ………………………………………………………………..**