**After School Kids Club**

**Booking Form**

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

**Sessions required (please tick)**

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

**Start date: …………………………………………**

**Current fees are £10 per session. If two or more siblings attend the same school, a reduced fee of £9 per child applies.**

**Terms and Conditions of Use**

* We will invoice you each month. Fees are payable monthly in advance.
* Fees must be paid no later than the due date stated.
* Your child may lose their place in Kids Club, if payment is not promptly received.
* You must pay for any sessions booked, even if your child does not attend due to illness or for any other reason.
* Any additional sessions booked must be paid for at the time of booking.
* You must give one calendar month notice if you no longer require a place in the Kids Club or if you would like to cancel your child’s place for a specific day.
* We will give you at least one calendar month notice of changes to fees.
* **Kid’s Club closes at 6:00pm. If for any reason I am going to be late, I will contact Kid’s Club on 07999528566 as soon as possible.**
* If my child is not collected by 6:00pm, I understand that I will incur a charge of £5.00 every 10 minutes to cover the cost of the staff that are required to stay late to supervise my child.
* If my child still remains at 6:30pm, 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.
* 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.
* We may terminate this agreement without notice at any time if your child does not comply with the School’s Behaviour Policy.

**I would like to request a place in St Andrew’s Kids Club for my child and agree to the Terms and Conditions as outlined above.**

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

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