Amblecote Primary School
Breakfast/After School Club – Parental Contract

I wish my child to be enrolled in the Amblecote Breakfast/After School Club.

Name of child…………………………………... **Date of birth** ……………………………………

Address ………………………………………… **Telephone number**…………………………………...

………………………………………. …………………………………...

Please circle below which sessions you wish your child to attend.

Monday	Tuesday	Wednesday	Thursday	Friday
7.45am / 8.15am	7.45am / 8.15am	7.45am / 8.15am	7.45am / 8.15am	7.45am / 8.15am
4.30pm / 6.00pm	4.30pm / 6.00pm	4.30pm / 6.00pm	4.30pm / 6.00pm	4.30pm

I agree to weekly or monthly payment in advance by cheque, cash, monthly voucher scheme or online payments.

I understand that the holding fee will be required for all absences (apart from notified illness).

I understand that I must notify club myself of all illness and absences.

I understand that if my child is absent due to illness and I have notified club I will be put in credit for the next week/month.

I understand that half fees are still payable if my child is absent without notification.

I agree that if my child is absent for 2 weeks or more without notification my child's place will automatically be given to a child on the waiting list.

I agree to collect my child from After school Club at the appropriate times. I understand that failure to do so will incur charges of 50p per 5 minutes or any part there of.

I agree to give advance notice if I require an additional session or if a session is not required.

No children will be allowed to meet parents at the school gates. They must be collected and be signed out at the end of the session.

I agree to keep the club up to date with medical information and emergency contact numbers regarding my child.

PTO

Two weeks' notice of a termination of contract is required by both party and failure to keep the contract will result in its termination.

The co – coordinator of the club reserves the right to temporarily suspend or permanently expel a child from the club in the unlikely event of persistent misbehaviour.

I hereby give my permission for my child to be taken for emergency treatment to a doctor or the hospital.

Signed …………………………………   Club coordinator signed ………………………………

Date ………………………………….   Date …………………………………………………..