



NEWBOTTLE & CHARLTON AFTER SCHOOL PROVISION

Registration Document for After School Provision

Newbottle & Charlton CEVA Primary School,
Contact: Newbottle and Charlton Primary School.

Email: bursar@newbottle.northants-ecl.gov.uk

Surname (family name)		First Name	D.O.B
Known as			
Address		Postcode	
Place in Family e.g. only child		Home Telephone No.	
Child's First Language			
Emergency Contact Name		Emergency Contact Number	

To enable us to provide the play opportunities of your child's choice it would be helpful to use if you could indicate your child's interest/ hobby's

Childs Interests

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PARENT/GUARDIAN DETAILS

Parent/Guardian 1			
Surname (family name)		First Name	
Relationship to child			
Address		Postcode	
Email Address		Permission to email	Yes/No (delete as applicable)
Home telephone no.		Work telephone no	
Personal mobile no		Work mobile no.	
Does parent have parental responsibility	Yes / No (delete as applicable)	Best way to contact?	
If parents are separated or divorced has a court order been issued?	Yes / No (delete as applicable)		
Does the child live at this address?	Yes / No (delete as applicable)		
Parent/Guardian 2			
Surname (family name)		First Name	
Relationship to child			
Address		Postcode	
Email Address		Permission to email	Yes/No (delete as applicable)
Home telephone No.		Work telephone no	
Personal mobile No		Work mobile no.	
Does parent have parental responsibility	Yes / No (delete as applicable)	Best way to contact?	
If parents are separated or divorced has a Court order been issued?	Yes / No (delete as applicable)		
Does the child live at this address?	Yes / No (delete as applicable)		



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We will always endeavour to contact a parent in the first instance: however should we be unable to contact a parent or guardian, please provide details of individuals that we have authority to contact in an emergency.

Contact 1

Name		Relationship to child	
Home Telephone No.		Personal Mobile No.	
Work Telephone No.		Work Mobile No.	

Contact 2

Name		Relationship to child	
Home Telephone No		Personal Mobile No.	
Work Telephone No		Work Mobile No.	

Contact 3

Name		Relationship to child	
Home Telephone No.		Personal Mobile No.	
Work Telephone No.		Work Mobile No.	

SECURITY

We operate a password scheme for emergency security purposes. This should be used by any of your emergency contacts collecting your child/children.

Please detail the password you would like to use



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HEALTH AND WELLBEING

Child's Doctor's Name		Has your child received the full immunization programme?	Yes/No (delete as applicable)
Doctor's Address			
Doctor's Telephone No.			
Name of Health Visitor			
Is your child allergic to any food or drink? (If so, please give details)			
Does your child have any medical problems? (If so, please give details)			
Is your child receiving any medication? (If so, please give details)			
Does your child have any special needs? (If so, please give details)			
Does your child have any behavior or other problems that we need to be aware of to help your child settle into our setting? (If so, please give details)			
Has your child any special dietary needs? (If so, please give details)			



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Please read the following points carefully. Your signature means you understand and agree to them all.

- I confirm that the information provided is true and has been completed to the best of my knowledge.
- I understand that if my child leaves the after school provision during $\frac{1}{2}$ term without giving one month's notice, the fees for the whole $\frac{1}{2}$ term in which s/he leaves will be payable.
- I agree to pay the fees for a complete $\frac{1}{2}$ term if my child leaves before the end of the agreed term.
- Any changes to session times require a month notice and unfortunately we are not able to offer financial compensation for non-attendance. Additional sessions are available but subject to availability.

Session Fees

All fees will be calculated on a $\frac{1}{2}$ term basis and are payable in advance.

Invoices need to be paid within 14 days of receipt.

If persistent late payment occurs, a charge of 10% of the outstanding amount will be applied.

Payment

Payments will be invoiced and are expected to be paid through the online Parent Pay or childcare vouchers. Cash and cheque payments are accepted but only in a minority of cases.

Late Collection

Continuous late collection will incur a charge of £5.00 for the first 15minutes per child and a further £5.00 for every 5minutes following.

Review of fees

Fees will be reviewed annually and parents will be notified within 30 days of any planned changes in writing.

Signed Date

Name



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Fees Please see table below:

Number of children	Cost per full session 3.30pm-6pm	Cost per part session 3.30pm-5pm or 4.30pm-6pm
1	£8.50	£6.00
2	£8.00	£5.50
3	£7.00	£5.00
4	£6.50	£4.50

Booking Details

The After school provision aims to offer a flexible package for parents. Please indicate your need for sessions using the table below - these will be allocated strictly on availability and will be confirmed to you in due course.

	Monday	Tuesday	Wednesday	Thursday	Friday
Number of children					
Times					

Parental responsibility

Not all parents have parental responsibility so it's important that we are aware who has parental responsibility for your child.

Consent forms can only be signed by someone with parental responsibility.

Children cannot be collected without the permission of the person or persons with parental responsibility, any other person collecting your child or children on your behalf must have written consent from responsible parent.

Please confirm who has Parental Responsibility

Name:

Name:

Relationship to child:

Relationship to child:

Date:

Date:

Signature:

Signature: