



Haseltine Road  
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## **Haseltine After School Club Contract**

**E: [admin@haseltine.lewisham.sch.uk](mailto:admin@haseltine.lewisham.sch.uk)**

**[Mdegrajtjohnso.209@lgflmail.org](mailto:Mdegrajtjohnso.209@lgflmail.org)**

**After school Club Mobile Number: 07703738274**

Please see below for the terms and conditions that form the contract between Haseltine After School Club and its users (Please note that this is a legally enforceable agreement. Non-payment of fees could result in further action being taken).

### **Criteria for Attendance**

The criteria for children's attendance are;

- Parents/Carers are working
- Parents/Carers are returning to work.
- Child is in need (as defined in the Children's Act)
- Child is aged between 4 and 11 years old
- The child attends Haseltine Primary School
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## Operation Times

The club will operate 5 nights a week, Monday to Friday from 3.15p.m. until 6.00p.m.

Days attending:

Monday            [ ]  
Tuesday           [ ]  
Wednesday       [ ]  
Thursday          [ ]  
Friday             [ ]

Start Date.....

All Children registered must be aged between 4 and 11 years old.

## Registration Form

All information on this form is CONFIDENTIAL

**Name of Child/Children:**

**D.O.B.**

**Age:**

**Gender**

**Home Address:**

**Emergency Contact Details:**

First Contact:

Name:

Relationship to Child:

Address

Home Tel No:

Work Tel No:

Mobile Tel No:

Second Contact:

Name:

Relationship to Child:

Address

Home Tel No:

Work Tel No:

Mobile Tel No:

**Please give details of person(s) who will be collecting your child from the After School Club if different from the above contacts:**

Name:

Relationship to Child:

Address

Home Tel No:

Work Tel No:

Mobile Tel No:

Name:

Relationship to Child:

Address

Home Tel No:

Work Tel No:

Mobile Tel No:

**IMPORTANT: IF ANY OF THE ABOVE INFORMATION CHANGES PLEASE NOTIFY AFTER SCHOOL CLUB STAFF AS MATTER URGENCY**

# Health Information

**Please give details of your G.P.**

Name:

Address:

Telephone Number:

**Does your child have any medical problems?**

**Does your child have any allergies?**

**Does your child have any special dietary requirements?**

**Please describe your child/children's ethnicity?**

**When did you child/Children last have a tetanus injection?**

**Any other information you feel the Play scheme staff should be aware of?**

## Payment Agreement:

I agree to make: Weekly payment on a Monday or Monthly payments by the 8<sup>th</sup> of the month.

I intend to pay by: cash cheque standing order (circle as appropriate)

All payments will be in advance and not in arrears.

I agree to give 1 weeks' notice if my child/children are going to leave or make alterations to the number of days they attend.

I understand that if I am late picking up my child/children I will be charged a £5.00 fee for every 15 minutes or part thereof.

I agree to the terms and conditions above:

**Signed:**

**Parent of:**

**Date:**