

## KIDS CLUB, GERRANS - INITIAL REGISTRATION FORM (MAY 2014)

Gerrans School is planning to set up and run a Kids Club from September 2014, offering parents/guardians wrap-around care for school aged children, should there be sufficient interest. Initial feedback shows there is demand for this provision but we now need names and commitment from local families to ensure we have sufficient numbers to make it viable. We need to have families registered before we can move to the next stage of recruiting staff. Once in place we will invite you to an open evening to meet the new Kids club staff. We plan to transport children to and from St Mawes school and are working with the community bus to achieve this.

Please could you complete this registration form, a separate form for each child, and return to the address below with a refundable deposit of £10 by **18<sup>th</sup> June**. Cheques should be made payable to **Gerrans School**. There will of course be further opportunities to register children but only if we can make the case to set up the club initially.

After School Care Registration  
Gerrans School  
Tregassick Road  
Portscatho  
Truro  
TR2 5ED

If you have any questions at all please don't hesitate to contact the school secretary on 01872 580442 and she will ensure the right person will contact you.

Name of Child ..... Date of Birth .....

School Attended.....

Address.....

..... Postcode .....

Home Tel No..... Contact Tel No.....

Email Address.....

Collection Password to be used.....

(Please give this word to whoever you have arranged to collect your child when you are unable. Staff will then know that the person with the word has your consent to collect your child.)

Mother/Guardian Details

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Tel. Daytime.....

Mobile.....

Tel. Evening.....

Place of Work.....

Father/Guardian Details

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Tel. Daytime.....

Mobile.....

Tel. Evening.....

Place of Work.....

Emergency contacts.....

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(We require three contacts in case of emergency/non-collection/illness.)

Please specify if anyone in particular should not have access to your child

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Child's Doctors Name.....

Address.....

.....

Tel No.....

Does your child suffer from any medical conditions or allergies that we need to be aware of?

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Does your child have any special Diets?

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Does your child have any Special Needs?

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Please tick in the boxes to give your consent to each item and sign at the bottom of the form:-

Travel Consent:- I give permission for my child to be collected from school and taken to the After School Club.

[    ]

Photograph Consent:- I give permission for my child to have his/her photograph taken whilst at the club; these photographs will be displayed at the club or used on the school website.

[    ]

Sun cream:- I give permission for my child to have sun cream lotion applied whilst at the club.

[    ]

Minor accidents may happen whilst your child is at the club; these will be dealt with by the qualified first aider.

Should there be an emergency or more serious accident whilst at the club or on a trip, the person in charge will make every effort to inform you as soon as possible, but they may have to accompany your child to hospital, in your absence:-

I give permission for the person in charge or their deputy to accompany my child to hospital and to authorise hospital staff to administer essential treatment until I arrive.

[    ]

My child is not allergic to plasters; if my child needs a plaster I give consent for it to be applied.

[    ]

I hold religious/cultural beliefs (e.g. Jehovah Witness) which would prevent my child from receiving medical treatment. Please state.....

[    ]

Children can bring toys/games to the club, but the safe keeping of personal belongings is the child's responsibility.

The After School Club accept no liability for the loss, theft or damage to a child's personal belongings. [    ]

Ethnic origin (please circle) – for monitoring purposes

White-Cornish	Other White British	White- Irish	Black African
White & Black Caribbean	Black Caribbean	White & Black African	White & Asian
Any other mixed background	Pakistani	Indian	Bangladeshi
Any other White Background	Chinese	Gypsy/Roma	

Please could you indicate the likely sessions you would like your child to attend on a normal week:

Monday:	breakfast [   ]	after school half session [   ]	after school full session [   ]
Tuesday:	breakfast [   ]	after school half session [   ]	after school full session [   ]
Wednesday:	breakfast [   ]	after school half session [   ]	after school full session [   ]
Thursday:	breakfast [   ]	after school half session [   ]	after school full session [   ]
Friday:	breakfast [   ]	after school half session [   ]	after school full session [   ]
Holiday Club	Every day [   ]	Number of days per week [   ]	Number of weeks [   ]

Please see attached info sheet for times and costs of sessions.

Any Other Information .....

.....

I agree that Gerrans School's After School Club may hold the information I have given for the purposes of managing the provision and undertake to advise Gerrans School of any changes to these details. I understand that this information will be available to employees and the Governing Body of Gerrans School and I may inspect the information relating to my child giving reasonable notice to the Wrap Around Care Co-Ordinator .

Name (please print) ..... Signed.....

Date.....

## **Kids Club Gerrans**

### Charges 2014

	1st Child	Subsequent Child
Breakfast Club                      7.45am to 8.45am	3.00	3.00
After School Club -advanced booking		
3.15pm to 4.15pm	4.00	3.60
3.15pm to 5.15pm	6.00	5.40
3.15pm to 6pm	8.00	7.20
After School Club - booked within 7 days		
3.15pm to 4.15pm	4.25	3.80
3.15pm to 5.15pm	6.50	5.85
3.15pm to 6pm	8.50	7.65
Holiday Club		
7.45am to 1pm	10.00	9.00
1pm to 6pm	10.00	9.00
Full day	20.00	18.00
Full week	85.00	76.50

## Cancellations

Normal charges will apply if less than 24 hours notice is received

(With the exception of infectious diseases)