The Pioneers Holiday Club Booking Form October 2024

Please complete one set of forms per family

Year Group:.....

Name of child:

lame of child: Please note – Payr via the app					
Please tick the days of the week and the session required:					
	Monday 21 st October	Tuesday 22 nd October	Wednesday 23 rd October	Thursday 24 th October	Friday 25 th October
Short Day 10am – 3pm £23.00					
Long Day 8:30am -3pm					
£30.50					
Please indicate if you will be paying by Childcare Vouchers or Tax Free Childcare Y / N					
Name of childcare voucher provider: or					
Tax Free Childcare Please inform the scho Thank you.			ent via Tax Free Chilo	dcare, as we are not	notified by email.
Each session runs f will incur a late per					hild by 3pm

Booking Rules:

A place will not be confirmed unless full payment has been made, registration and booking forms have been completed and we have a signed terms and conditions form.

Payment:

Payment must be made via School Gateway (at https://login.schoolgateway.com or via the app) or by Childcare Voucher / Tax Free Childcare in full by the 11th Ocotober. We do not accept cash or cheque payments.

The Pioneers Holiday Club Registration Details

Parent/Carer details Address **Contact telephone numbers** Home.......Work..... Mobile Other Emergency contact details (1) Name Mobile (2) Name Mobile **Child Collection Arrangements** Please indicate who will be collecting your child from the club on a regular basis. If someone other than the named persons below are collecting your child, you MUST notify the school with the details of who will be collecting the child and that person must use your allocated password. Name(s)..... Address(es) (if different from above)..... 1st contact number (if different from above)..... 2nd contact number (if different from above) Relationship with child..... Please allocate a password to be used on collection of your child. If someone else is collecting your child/ren, they will not be released unless they give staff this password

Consent

the club
Name:
Name:
Please give details of any dietary needs or allergies and required action if reaction occurs
Name:
Name:
Additional information about your child (please include any information about SEN that would need to be considered)
Name:
Name:
I give permission for my child(ren) to be given emergency medical treatment if required (sign below to consent).
Whilst attending The Pioneers Holiday Club at Edenbridge Primary School do you the parent / guardian give consent for your child to participate in the following:

Taking of Photographs I agree that my child can be photographed by school staff for the purpose of use within the school in line with the school's policy on	YES / NO
Photography and Videos at School.	
Photographs on The School Website	
I agree that my child's photo can be used on the School or The	YES / NO
Pioneer Academy's Website	
Photographs in the Media	
I agree that my child's photo can be used in media/press coverage of	YES / NO
the school	
Application of sun cream	
I agree that my child can have their own sun cream applied provided	YES / NO
by myself (parent / carer).	
EYFS info sharing	
I agree that information regarding the progress of my child as part of	YES / NO / N/A
the EYFS can be shared with the school's EYFS staff.	
Internet Usage	
I agree that my child can use the internet in an adult supervised	YES / NO
environment.	

The Pioneers Holiday Club at Edenbridge - Terms and Conditions

- 1. I understand that non-payment will lead to my child's access to the club being refused until total payment is received
- 2. I understand that each booked session must be paid for even if my child does not attend. This includes if my child is ill on the day of the session
- 3. I will inform the club before 8:30am if my child is not able to attend one of their booked sessions
- 4. I will send my child with a healthy packed lunch and a change of clothes on each day
- 5. I understand that the session times will run as stated on the booking form
- 6. I will collect my child from The Pioneers Holiday Club by 3pm. I understand a late fee of £5 per 5 minutes per child will be applicable for late collection after these times
- 7. I will inform the club of any changes to dietary requirements and medical conditions including allergies
- 8. I will provide separate medication including an asthma pump if required, to be retained in The Pioneers Holiday Club for the duration of your child's attendance
- 9. I agree to keep my child away from the club if he/she is sick, or advised to do so by the doctor and/or staff members. In the case of vomiting and diarrhoea- your child MUST be kept off for 48 hours from the last occurrence. I agree to abide by the Government's current social distancing and Covid 19 self-isolation guidelines
- 10. I understand that, should the school have to close unexpectedly, the club will not run and refunds will be made
- 11. I agree to abide by decisions made by The Pioneers Holiday Club staff
- 12. All children must adhere to the school behaviour policy during The Pioneers Holiday Club
- 13. I confirm that I have read the Wraparound Care Parents' Handbook and understand that it forms part of our Terms and Conditions

Signed	Parent/Guardian
Print Name	
Date	