

The Discovery School



After School Club

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The Discovery School After School Club is operated by the school during term time only. The club is not open on INSET days or during school holidays.

The Discovery School After School Club

Opening Times (Term time only and excluding INSET Days)

After school: 3:15pm – 6:00 pm

We would ask that bookings be made online or via the School Office 48 hours in advance to enable us to ensure we have sufficient staff available.

Food:

A light snack will be provided at approximately 3:30pm. This will consist of a sandwich, fruit or yoghurt and a drink. Drinks provided will be water, squash or milk.

General structure of the Club

3:15pm	Children arrive/ free play choice
3:30pm	Light snack provided
4:45 – 6:00pm	Choice of activities/ free play

Timings subject to change if necessary, for operational reasons, weather, time of year etc.

Current Fees (From 1/04/21 – 01/04/22)

After school club (per child/per session)

1 hour	£4.00
4:15 – 6:00	£8.00
Whole session (3:15 – 6:00)	£10.00

NB: Fees to be paid in advance

Registration:

To register a place for your child at The Discovery School After School Club, please return the attached form to the school office. For further information please contact the school office on 01732 847000 or email office@discovery.kent.sch.uk.

The emergency contact number for the After school club is 01732 847444.

Late Payments:

If a child is not picked up by 6pm, a late payment charge of £10.00 per child for every 15 minutes late will be charged. Persistence lateness can result in non-acceptance at the club.

Cancellation:

We would ask that notice is given to the School Office before 3pm if a child, previously booked into After School club, is not attending, for us to ensure our registration system is correct.

The Discovery School After School Club Consent and Registration form

Children must be registered and collected by a named adult

Child/Children's Full Name/s: _____

Child's Address: _____

Date of Birth: _____ Class: _____

Name of Parents &/or Legal Guardians _____

Address (if different from above) _____

Parent 1

Name: _____ Work Tel No: _____

Mobile: _____

Parent 2:

Name: _____ Work Tel No: _____

Mobile: _____

Emergency Contacts

Name: _____ Relationship: _____

Work: _____ Mobile: _____

Name: _____ Relationship: _____

Work: _____ Mobile: _____

Person collecting Child/ Children from club if not parent or guardian

Name: _____ Relationship: _____

Work: _____ Mobile: _____

It is the responsibility of the parent/ carer to make appropriate arrangements for safe collection from the club. If you wish your child to leave unaccompanied prior consent must be given to the School Office. This applies to children in Year 6 only. All children up to and including Year 5 must be picked up by a named adult. If your named adult is unable to pick up your child, please telephone the school office by 3.30pm to let them know.

All Foundation Stage and Key Stage One children will be taken to The Discovery School After School Club by a member of school staff or responsible adult.

If you wish your child to attend other extra-curricular clubs, please state which clubs, day and start/ finish times below. Arrangements will be made with the club / teacher to ensure your child is taken to after school club after the extra-curricular club finishes.

Clubs my child attends: _____

Medical and Allergy Information

Details of Child's Doctor _____

Address _____

Does your child have any known medical problems / allergies? If so, please state

Details _____

Does your child have any special dietary requirements or food that they are not allowed? YES/ NO

Please specify: _____

If your child suffers from asthma, please provide an inhaler (clearly named)

Please sign to give consent for us to administer inhalers, if necessary

Signed _____

If you require staff to administer medicine, then a separate 'Medication Permission' Form should be filled in. These are available from the school office.

I authorise/ do not authorise (please delete) members of staff to give consent on my behalf for anaesthetic to be administered or for any other urgent medical treatment to be given to my child on the advice of a qualified medical practitioner.

Signed: _____ Date: _____

I UNDERSTAND THAT FEES ARE PAYABLE IN ADVANCE AND THAT NON-PAYMENT MAY LEAD TO MY CHILD'S ACCESS BEING REFUSED TO THE CLUB UNTIL TOTAL PAYMENT IS RECEIVED.

PAYMENT MAY BE MADE VIA SCHOOL GATEWAY OR VIA A RECOGNISED CHILDCARE VOUCHER PROVIDER.

Signed _____ Date _____

Print Name _____ Relationship to Child _____