# The Discovery School





# **After School Club**

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## After School Club

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 by 2pm on the day.

#### 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**

Children arrive/ free play choice 3:15pm

Light snack provided

3:30pm 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 1/04/20 - 01/04/21) 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 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 registere	ed and collected b	y a named adult		
Child/Children's Full Name	e/s:			
Child's Address:				
Date of Birth:			Class:	
Name of Parents &/or Leg	al 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/ C	hildren from club	if not parent or gu	uardian_	
N	Name:		onship:	
W	/ork:	Mobile	e:	

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 stat	e			
Details	<del></del>			
Does your child have any special dietary requirements or food that they are not Please specify:	allowed? YES/ NO			
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 Permiss filled in. These are available from the school office.	sion' Form should be			
I authorise/ do not authorise (please delete) members of staff to give consent o anaesthetic to be administered or for any other urgent medical treatment to be 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.				
SignedDate				
Print Name Relationship to Child _				