

## **Griffin Club Parent agreement**

Bournville Griffin Breakfast Club and After School Club endeavour to:

- Provide your child with a high standard of stimulating, appropriate and varied play opportunities
- Give you 24 hours' notice when possible if the service cannot be supplied
- Ensure your child is cared for by staff until you or a designated adult collects them
- Offer all children breakfast during the breakfast club session
- Provide a light snack and drink during the afternoon session
- Ensure that staff follow the schools behaviour policy during the sessions.



You the parent/carer will:

- Comply with Griffin club regulations
- Pay for all sessions required in advance using the booking form
- Print out email confirmation of childcare voucher payments and give them to the school
- Notify staff as soon as possible of any changes to contact details or medical/dietary information that may impact the child whilst in club
- Notify the club staff of any changes to collection arrangements
- Help us safeguard all children by signing children in at the start of the breakfast club session and signing them out when collecting your child at the end of the after school club session
- Collect the child/ren on time
- Pay a further £5 per 5 minutes after the closing time of 5:30 p.m. payable on the day by the adult collecting the child

Signed:..... Date:.....

**Griffin Club before and after school provision**



**Membership Form**

Child's name	Class	Date of birth

Parent/carer name/s .....

Parent/carer address

.....  
.....

GP practice .....

GPs Name .....

Emergency contact details in order of preference

Name	Telephone number/s	Relationship

Has your child got any medical conditions, allergies or dietary needs we should be aware of?

Please give details:

.....  
.....  
.....

Signed:..... Date:.....

**Emergency consent form**



For use in the event of an emergency:

Please sign below stating whether you do or do not give consent for staff to seek emergency medical advice/treatment for your child/children.

Please note that every effort will be made to contact you in the event of an emergency.

Child's name ..... D.O.B .....

Child's name ..... D.O.B .....

Child's name ..... D.O.B .....

Child's name ..... D.O.B .....

I do/do not give consent for staff to seek emergency medical advice/treatment for my child/ren.

Signed:..... Date:.....

**Please ensure you have indicated whether consent is granted.**

**Bournville Griffin Breakfast Club and After School Club**

**Booking form**

**Autumn term 2016**



**Fees and membership**

Payment (in advance) must be made at the time of booking.

Session	Timings	Charges per session
Breakfast club	8 - 9 a.m.	£2
After school club	3:30-5:30 p.m.	£5

Charges are reviewed annually.

Childs name ..... Class .....

Please tick all sessions and days required

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club					
After school club					

I understand that I will pay for all booked sessions indicated even if my child does not attend for any reason.

Signed:..... Date:.....