**QUEEN VICTORIA**

**PRIMARY SCHOOL**

**EXTENDED SCHOOL CLUB**

**REGISTRATION PACK**

Breakfast Club

After School Club

Holiday Club

**QUEEN VICTORIA PRIMARY SCHOOL**

**EXTENDED SCHOOL CLUB**

**CLUB AGREEMENT**

This agreement between the Queen Victoria Extended School Club and parents/carers will clarify what we, as a club, expect from you and what you can expect from us.

**The Club aims to provide:**

* A variety of activities.
* A safe, caring and stimulating environment for all the children to play and learn, in both structured and unstructured play settings.
* High quality breakfast care and a breakfast meal, e.g. toast, cereals, yoghurt or fruit.
* A high standard of qualified and experienced staff.
* A commitment to equal opportunities.
* Safe and educational equipment.
* We make available to parents/carers all club policies and procedures.
* Compliance with OFSTED inspection regulations and requirements.

**The Club expects from you as Parents/Carers and children:**

* To complete a club agreement form, along with personal and medical forms.
* To become familiar with the Club’s rules and behaviour policy.
* If your child is ill or will be absent from the club, you inform the Club Manager on 07977 400537.
* To make the club aware of any special requirements your child may have.
* To bring your child to the main school entrance in Bilston Street. Children must be handed over a member of the Queen Victoria Extended School Club staff by either the parent/carer or nominated responsible adult.
* To inform the club immediately of any changes to your personal circumstances or changes to details given on the forms completed when registering for the Club, such as contact numbers or persons authorised to collect your child.

**PAYMENT PROCEDURE**

* All payments to the Queen Victoria Extended School Club should be paid directly to the Club Manager; if the manager is not available money should be handed to the Deputy. Receipts will be issued for all monies received. Please retain these in the event of any query in the future. Payment can be made in cash or by cheque. Cheques should be made payable to **Dudley MBC.**
* Child Care vouchers are accepted.
* Payments are to be paid in **advance** on a weekly/monthly or termly basis. If this is not done then the place will be suspended.
* Clubs operate Monday - Friday (with the exception of Inset Days). A Holiday Club is in operation during most school holidays (with the exception of the Christmas holiday).
* Bookings cannot be accepted without payment.

**BREAKFAST CLUB & AFTER SCHOOL CLUB**

**Breakfast Club** is run from 7.30am - 8.40am. The club offers a breakfast to your child which includes cereal, toast and a drink.

The cost is as follows:

 7.30am - 8.40am £5.00 per day

 8.00am - 8.40am £3.00 per day

**After School Club** is open 3.20pm - 6.00pm and will include a snack and light refreshments.

The cost is as follows:

 3.20pm - 4.30pm £3.50 per session

 3.20pm - 6.00pm £5.50 per session

Once a place is booked these allocated days will be charged for unless you **phone** the setting to cancel the place allowing 24 hours notice. Any cancellation after this time will be charged at the normal rate. If you fail to use any of your allocated days for two consecutive weeks, your place will automatically be given to someone else who requires it and your child will no longer be able to attend on that day, unless a space becomes available.

**HOLIDAY CLUB**

Holiday club operates throughout the school holidays if sufficient places are booked.

A letter will be sent home advising parents which weeks of the holiday the club will operate. Please note there will be **no holiday club during Christmas break.**

The club opens Monday to Friday 8.00am – 5.30pm subject to availability or interest.

The cost is as follows:

 £20.00 full day

 £10.00 half day (8.00am - 12.45pm or 12.45pm - 5.30pm)

Please be aware that Breakfast, After School and Holiday Club is available for children from Nursery to Year 6. Unfortunately, we are not able to offer this service to Time for Twos.

If you book your child on any of the organised sessions/services full payment must be made in advance.

Cancellation of a session/services or part of a session/service will only be acceptable if you give **one weeks’ notice** in writing prior to the club taking place. The school will agree to carry over the session/service to a date in the future subject to availability. No cash refunds will be given.

**LATE COLLECTION FEE**

There will be a late/non collection fee of £5.00 (per child) for every 10 minutes you are late in collecting your child. This fee applies to all of the above sessions apart from Breakfast Club.

**By signing this document I confirm that I have read and understand the above information and agree to the terms of the Queen Victoria Extended School Club.**

Child’s Name: ……………………………………….. Class …………………..

Parents Name: ……………………………………….

Signature: ……………………………………….. Date …………………..

 Parent/Carer

Manager: ……………………………………….. Date …………………..

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| Description: Queen Victoria Primary | QUEEN VICTORIA PRIMARY SCHOOLEXTENDED SCHOOL CLUB |   |  |  |
| ANNUAL PARENTAL CONSENT**(Low risk activities)** |  |  |

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| **This form MUST be completed annually by parents/carers for every child whose parents/carers wish to give consent for their child to take part in low risk activities that will involve leaving the school premises. If the activity is low risk but further afield out of the Dudley borough, explicit details will be provided to parents/carers. Schools/Centres are expected to make a judgement on the nature of the risk involved and the level of consent/information required.** |
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| Name of child: .......................………............…………………………………………….........(Male/Female)D.O.B: ……………………………..Age…………………................Class.....................................................Home Address: …….…………………........……………………………………………………….....................………………………………………………………….Postcode: ……………………………………………….. |

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| I agree that my child (name) ……………………………………………………………………...be allowed to take part in low risk activities without further consent from myself. I understand that there will be some activities e.g. sporting events, nature visits, local library visits which will take my child off the school/centre premises. They may walk or go in a minibus or coach (public or private) transport. If the activity is low risk but involves travel further afield out of the Dudley borough e.g. theatre trips, theme parks etc, explicit details will be provided. I understand that there may be occasions when my child may be taken by a member of staff in his/her car to hospital or home, or sporting fixtures and other activities. Children will normally be dismissed from the school/centre for events taking place at the end of or extending beyond the school day. Parents/carers will be informed where different arrangements are made. ***PLEASE NOTE******For activities involving an overnight stay or participation in outdoor adventurous activities, full details of that activity will be given and parent/carers consent/medical details sought on an individual basis.*** |

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| Name of parent/carer (please print):…………………………………………………………….....Signature of parent/carer:……………………………………………...........................Date: ………………………………………………………... | Address (if different from child): ……………………………………………………………....………………………………………………………………Postcode: …………………………………………………. |
| Tel No. for use in emergency: Name: ……………………………………………………...Relationship: ………………………………………………a) Home: ………………………………………................. b) Mobile: ………………………………………………….c) Alternative: ………………………………….................*(Indicate times of day if relevant)* | Alternative Tel No. for use in emergency: Name: ……………………………………………………...Relationship: ………………………………………………a) Home: ………………………………………................. b) Mobile: ………………………………………………….c) Alternative: ………………………………….................*(Indicate times of day if relevant)* |
| **The information you provide on this form will be used to administer the event and assist in maintaining the health and safety of your child whilst under the supervision of the Directorate of Children’s Services/School/Centre. Personal, and sensitive personal information, will only be disclosed to others if the need arises, for example: to a medical professional or a service provider to the school in line with their safeguarding policy e.g. level 2 school games. It will not be used for any other purpose and will not be retained by the Directorate/Centre beyond the events in question.** |

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| school%20logo | **QUEEN VICTORIA** **PRIMARY SCHOOL****EXTENDED SCHOOL CLUB** |   |
| PARENTAL MEDICAL CONSENT |

1. Does your child have any condition or impairment (medical or otherwise) that requires regular treatment?

 Yes: □ No: □

**If YES, please continue overleaf, if NO go to question 3**

1. What is the nature of their condition/impairment? ……………………………………………………….

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Is there anything your child needs additional help or support with? ………………………………………..

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Please advise if there is any activity that your child is not able to participate in or you would not wish them to engage in?

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Please give as much information as possible regarding your child. The more information we have the better we can cater for their needs.

Does your child access any of the following services?

Speech & language therapy Yes: □ No: □

Physiotherapy Yes: □ No: □

Occupational therapy Yes: □ No: □

Physical Impairment/Medical Inclusion Service Yes: □ No: □

Hearing Impairment Service Yes: □ No: □

Visual Impairment Service Yes: □ No: □

**For sports activities:**

Are you aware whether your child has an individual risk assessment for PE & sport at school?

Yes: □ No: □

If yes do you consent to us having a copy of the individual risk assessment Yes: □ No: □

How does your child’s condition affect their ability to participate in the activities on offer?

Please give us as much information as possible. This will not prevent them taking part but will help us provide the best service we can appropriate to your child’s needs.

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Any additional information regarding your child you feel maybe useful:

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1. Does your child require regular medication? Yes: □ No: □

Please give details of any prescribed medication that may be required to be administered to your child during this activity. Medication **must** be provided in its original and prescribed packaging. If your child has asthma they must bring their blue inhaler with them:

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 ***\* NB – it is the responsibility of the school/provision to ensure the needs of the young people are met - this includes the administration of prescribed medication.***

1. Does your child have a health care plan at their school/centre? Yes: □ No: □
2. Is your child allergic or sensitive to penicillin or any other substance, which might be used in

 treatment?

Yes: □ No: □

If YES, please give details: ......................................................................................................................

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6. Has your child been immunised against the following diseases?

POLIOMYELITIS Yes: □ No: □

Date given if known: ..................................................

TETANUS (LOCKJAW) Yes: □ No: □

Date given if known:....................................................

7. Does your child usually suffer from travel sickness? Yes: □ No: □

###### 8. Does your child have any special dietary needs, e.g. food allergies, vegetarian, gluten free, religious etc?

Yes: □ No: □

If YES please give details: ......................................................................................................................

9. If participating in water borne activities please complete the following if not go to question 10:

###### Is your child water confident? Yes: □ No: □

###### Can your child swim unaided? Yes: □ No: □

If so how far? 0 – 10 Metres □

 11 – 25 Metres □

 25+ Metres □

10. Please give any other relevant information you wish the accompanying staff to be aware of:

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 (continue on back page if necessary)

11. At the end of the visit /trip my child will leave unaccompanied 🞎 or be collected by:

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| 12.DECLARATIONI consent to my child participating in the activity. In the event of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.I have noted where and when my child is to be released from the school/organisation and understand that I am responsible for my child getting home safely.I undertake to advise the Group Leader with the minimum of delay, any change in circumstances referred to on this form between the date signed and the commencement of the trip.Name of parent/carer (please print): ......................................................................................................Signature: ­­­­­­­­..............................................................................................................................................Address (if different from child): ...........................................................................................................................................................................................................................................................................Postcode: ........................................................... ­­­­Date: ....................................................................... |

The information you provide on this form will be used to administer the event and assist in maintaining the health and safety of your child whilst under the supervision of the Directorate of Children’s Services/School/Centre. Personal and sensitive information will only be disclosed to others if the need arises, for example: to the medical profession Personal data supplied will be held and processed in accordance to the Data Protection Law. It may also be used for the purposes of statistical analysis, management, planning and in the provision of services by the council.

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| *To be completed by the school / centre*THIS FORM MUST BE RETURNED TO (Name of the Group Leader) :­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ON OR BEFORE THE FOLLOWING DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Additional information continued:

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| Description: Queen Victoria Primary | **QUEEN VICTORIA** **PRIMARY SCHOOL****EXTENDED SCHOOL CLUB** |   |
| Parental Consent form for Educational Establishments (covering the child’s duration at the establishment) |

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| Queen Victoria Primary School support Dudley Safeguarding Children Board in recognising the need to ensure the welfare and safety of children and young people. |
| **Photographs and digital film recording** |
| Within school we use photographs and digital film for a number of reasons. The main purpose is to celebrate the success of pupils. Photographs are used on display boards, plasma screens and on the school website e.g. photographs of pupils learning, sports teams and members of the cast of school productions. Film is generally used to help with learning e.g. role plays. |
| Your child’s identification will not be disclosed unless the photograph is used to celebrate individual success. We will always take great care to only show photographs if we feel the medium is appropriate. |
| In order to comply with Data Protection Law, explicit consent is required for each area we use the images for.**Please sign the areas you consent to individually.** |
| Use by the pressI agree to my child’s image being used as above signature ............................................I agree for my child being named alongside their image signature ............................................ |
| General publicity (leaflets, posters, document)I agree to my child’s image being used as above signature ............................................I agree for my child being named alongside their image signature ............................................ |
| School WebsitesI agree to my child’s image being used as above signature ............................................*National guidance recommends children should not be named on websites alongside their image* |
| School ProspectusI agree to my child’s image being used as above signature ............................................I agree for my child being named alongside their image signature ............................................ |
| NewsletterI agree to my child’s image being used as above signature ............................................I agree for my child being named alongside their image signature ............................................ |

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| Curriculum DocumentsI agree to my child’s image being used as above signature ............................................I agree for my child being named alongside their image signature ............................................ |
| Training MaterialsI agree to my child’s image being used as above signature ............................................I agree for my child being named alongside their image signature ............................................ |
| Images made available to purchase via the internet (where applicable)I agree to my child’s image being used as above signature ............................................ |
| Use in learning journey/portfolio (where applicable)I agree to my child’s image being used as above signature ............................................I agree for my child being named alongside their image signature ............................................ |
| Other children who attend the setting learning journeysI agree to my child’s image being used as above signature ............................................I agree for my child being named alongside their image signature ............................................ |
| Use in the learning journeys/portfolios of other children who attend the educational establishment (where applicable)I agree to my child’s image being used as above signature ............................................*It is recommended that children are not named in other children’s learning journeys* |
| External Companies (this is when an external company comes into school and may take photos of your child for display within their own settings. This does not include social medial.I agree to my child’s image being used as above signature ............................................I agree for my child being named alongside their image signature ............................................ |

**Please remember that you are giving consent for your child’s duration at Queen Victoria Primary School. However, you do have the right to withdraw consent at any time but this must be in writing to the Headteacher.**

If you need clarification or are concerned about the use of your child’s image please contact the school.

Name of child/young person ........................................... Year group ..........................

Signed parent/carer ............................................ Date ..........................

Steps will be taken to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately contact your local social care team to report these concerns or visit [**http://safeguardingchildren.dudley.gov.uk**](http://safeguardingchildren.dudley.gov.uk/) or visit the Information Commissioner **https://ico.org.uk/concerns/**

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| Description: Queen Victoria Primary | **QUEEN VICTORIA** **PRIMARY SCHOOL****EXTENDED SCHOOL CLUB** |   |
| Parental Consent form for Educational Establishments Academic Year 2018/2019 |

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| **Collection of Children** |
| Child’s Name: …………………………………………………………………………………….Date of Birth: ……………………………………………………………………………………. |
| **Collection Details** |
| My child will be collected by: …………………………………………………………………………………….Password: ……………………………………………………………………………………. |
| **Contact Details** |
| If my child is ill, please contact the following people:**First Contact**Name: …………………………………………………………………………………….Relationship to Child: …………………………………………………………………………………….Contact Telephone Number: …………………………………………………………………………………….Description of individual: ……………………………………………………………………………………. …………………………………………………………………………………….**Second Contact** Name: …………………………………………………………………………………….Relationship to Child: …………………………………………………………………………………….Contact Telephone Number: …………………………………………………………………………………….Description of individual: ……………………………………………………………………………………. …………………………………………………………………………………….**Third Contact**Name: …………………………………………………………………………………….Relationship to Child: …………………………………………………………………………………….Contact Telephone Number: …………………………………………………………………………………….Description of individual: ……………………………………………………………………………………. …………………………………………………………………………………….  |

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| **Permission for Cooking and Food Testing** |
| As part of our exciting curriculum we would like your child to take part in more cooking and tasting activities. To ensure that we are aware of all the children’s individual allergies/dietary requirements or circumstances could you please state below any food type or ingredient that your child cannot have. If circumstances change please can you notify a staff member as soon as possible so we can update your child’s profile.

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|  | My child can eat all types of food |
|  |  |
|  | My child cannot eat foods that contain the following ingredients:  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Intimate Care** |
| During your child’s time here at Queen Victoria Primary School, there may be an occasion when there is a need to change or shower your child after an accident. This will, of course, minimise any disruptions to your child’s learning.

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|  | I do give my consent for my child to be showered or changed. |
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|  | I do not give my consent to shower or change my child. |

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| **Sun Cream Permission** |
| During the summer months it is your responsibility to prepare your child for any extreme weather. We expect your child to come to School with sun cream applied and with a hat, preferably one that covers their head and neck. However, we do have factor 30 sun cream in School and are happy to top up your child’s protection if/when we feel it necessary to do so.

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|  | I do give permission for my child to have sun cream applied in School. |
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|  | I do not give my permission for my child to have sun cream applied in School. |
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| **Emergency Treatment and First Aid Administration** |
| I give my permission for my child to receive treatment by a registered health practitioner in the event of a medical emergency. This includes admittance to hospital via ambulance/other form of transport.

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| Yes |  |  |  | No |  |

 I give my consent for my child to be given basic first aid when necessary by a qualified first aider. In the event of an accident requiring further treatment I will be contacted using the emergency contact details I have provided.

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| Yes |  |  |  | No |  |

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| **Halal Meat** |
| In accordance with Dudley MBC catering we are obliged to offer halal meat on our lunch menu. The school therefore need to establish which children CAN ONLY BE GIVEN halal meat. The school only offers a chicken halal option on the menu.In order to ensure that your child is given the correct option can you please confirm whether your child should only receive halal meat and no other meat products.

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|  | My child is only allowed to have halal meat. |

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| **Parent/Carer Signature:** …………………………………………………………………………………….**Date:** …………………………………………………………………………………….**Staff Signature:** …………………………………………………………………………………….**Date received:** ……………………………………………………………………………………. |
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