



**Rivermead**  
Primary School

## RIVERMEAD AFTER SCHOOL CLUB

**Please note: Submitting this form does not automatically guarantee a placement. Please check availability on the mobile number below.**

### **After School Club**

The club is open from 3.15 pm until 6.00 pm on weekdays during school term-times to children between 5 and 11 years old. The children have structured free play until snack tea followed by a range of organised activities including crafts and games until home time.

Supervisor: Marie Cryer on 07950 005 500.  
Please leave a message as all calls will be answered.

Please return the completed application to:

Rivermead Primary School  
Loddon Bridge Road  
Woodley, Berkshire  
RG5 4BS



## APPLICATION FORM

CHILD'S FIRST NAME:		
KNOWN AS:		
CHILD'S FAMILY NAME (SURNAME):		
DATE OF BIRTH:		
GENDER:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
DAYS ATTENDING THE CLUB <small>(Please tick all that apply):</small>	Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>	
REQUEST START DATE:		
FULL NAMES OF PARENTS OR GUARDIANS:		
PARENT RESPONSIBILITY:		
Name 1/Relationship:	/	
Name 2/Relationship:	/	
Name 3/Relationship:	/	
Name 4/Relationship:	/	
HOME ADDRESS:		
POST CODE:		
RELIGION (if any)		
CULTURAL BACKGROUND:		
LANGUAGE SPOKEN:		
SPECIAL NEEDS: <small>(please give details of any Disability, Diet, Allergies, Behavioural or other needs):</small>		
<b>CONTACT NUMBERS (Include numbers for <u>both</u> parents/guardians, if available, an any mobile and/or pager numbers)</b>		
HOME NUMBERS(S):		
PLACE(S) OF WORK:	MOTHER	FATHER
WORK NUMBERS:		
EMERGENCY NAME AND NUMBER:  <small>(other than the above number: please specify relationship to the child, eg. Gran) or someone who could get to the club quickly in your absence.</small>	<small>Please note that the person other than those listed on this form have been authorised by you to call for your child. WE MUST HAVE THIS IN WRITING.</small>	
DOCTOR'S NAME:	NUMBER:	SURGERY NAME:
ADDITIONAL INFORMATION/COMMENTS:		
Please SIGN & DATE FORM:	Signature:	DATE:

# TERMS & CONDITIONS

**Please read carefully and sign and date below:**

1. I agree to pay £9.25 per session for each child from Rivermead Primary School. I understand that all sessions booked must be paid for, even if my child does not attend for any reason.
2. I agree to pay a refundable deposit equal to two weeks attendance in advance. This will be refunded when my child leaves Rivermead's After School Club.
3. I understand that if payments are in arrears by more than two weeks, my child's place may be forfeited.
4. I understand that any fees not paid by the 10<sup>th</sup> working day of the month will incur a £10.00 penalty.
5. I agree to give a month's notice, in writing, if my child will be leaving Rivermead's After School Club.
6. The child attending Rivermead's After School Club is in full time education.
7. I agree to keep my child away from Rivermead's After School Club if advised to by a doctor or other medical professional, or by the co-ordinator or deputy co-ordinator.
8. I will endeavour to inform a member of staff in advance if my child will not be attending Rivermead's After School Club on their usual sessions.
9. I will arrange for my child to be collected from Rivermead's After School Club no later than 6pm, by someone known to staff. Should any other person be collecting my child, I will inform staff in advance. If I collect my child after 6pm, I agree to pay a surcharge of £5.00 per 15 minutes. If the child is not collected within a reasonable time and there has been no contact with Rivermead's After School Club, I understand that the Duty Officer at the Social Services Department will be informed.
10. I understand that Rivermead's After School Club accepts no responsibility for valuable items brought to the club and that children are discouraged from bringing items of that nature.
11. I understand that Rivermead's After School Club accepts no responsibility for loss or damage of school wear and accept that my child's clothes may get dirty during a session.
12. I agree to abide by decisions made by Rivermead's After School Club staff and management regarding persistent inappropriate behaviour.
13. I accept that my details will be held on computer and paper records (under the terms of the Data Protection Act) and will remain confidential to Rivermead's After School Club staff and management team.
14. I understand that in the event of an unforeseen closure, fees will still apply due to fixed costs continuing to apply for that session.

\*Please delete as appropriate

Signature of parent/guardian: .....

Name (in block capitals): .....

Date: .....



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# CONSENTS

**PLEASE FILL IN A SEPARATE FORM FOR EACH CHILD ATTENDING THE AFTER SCHOOL CLUB**

Child's Name: .....

I consent to my child receiving any emergency treatment necessary during the course of the club.

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

I agree/do not agree\* to my child watching PG films that have been previously previewed by the staff.

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

(\*Please delete as appropriate)

Photographic use (child or young person under 18). Failure to complete this section will mean your child will not be able to take part in any photo shoots at Rivermead After School Club.

I/We ..... being the person having parental responsibility for the child named in this application.

I/We agree to  Do not agree to   
the child being photographed by a photographer (including a newspaper photographer) at or in connection with Rivermead After School Club and for staff training portfolios, photographic observations as part of their training.

If you have agreed above please complete the following:

I/We agree to  Do not agree to   
the image of the child contained in any photograph produced being used in connection with any publicity relating to Rivermead After School Club or Wokingham District Council. This would include, for example a Rivermead After School Club prospectus, booklets on admission to Rivermead After School Club, guidelines to council services, etc., the council's newspaper for residents, Wokingham District News or other publications.

I/We understand that by agreeing to this I/we agree to the child's name being used in any caption or article used with the photograph as appropriate and to the extent that any resultant photograph constitutes personal data within the meaning of the Data Protection Act 1998 my/our consent operates as consent, on behalf of the child, required by the act, but only for the purpose indicated above.

Signed: .....

Date: .....