Dear Parents/Guardians,

Thank you for your enquiry about our Out of School Club. I hope you will find all you will need in the pack with this letter. Please return your signed Financial Agreement and Registration Form as soon as possible.

If you have any queries or questions regarding anything in the pack, please do not hesitate to call at Kids' Club, before or after school or contact me on 0191 643 4108.

Kind regards,

Katy Murphy

Mrs Katy Murphy
Rockcliffe Kids' Club Leader

rockcliffe.kidsclub@ntlp.org.uk

Financial Agreement Form

Child/children's name(s): _____

Date: _____

I agree to pay all fees invoiced a week in arrears.

I agree to pay promptly for session fees (within one week of receiving the invoice).

I agree to pay a surcharge of £5 for a late pick up of my child/children after 6.00pm.

I agree that I will give 24 hours notice if I wish to cancel a booked session (with the exception of school absence due to illness).

A polite reminder to parents/guardians; please understand that late or non-payment of fees has a direct impact on the financial stability of the Club. Therefore, by signing this agreement we would expect that you have fully understood and comply with all terms and conditions stated.

Signature: _____
(Parent/Guardian)

Date: _____

Registration Form

Only children for whom Registration Forms have been filled in may attend the Club.

Child's First Name: _____

Preferred Name: _____

Child's Surname: _____

Date of Birth: _____ Child's class _____

Child's Home Address:

_____

_____ Postcode: _____

Full names of those with parental responsibility:

_____

_____

Contact Details:

1st contact should be someone with parental responsibility. This will be the first person we attempt to contact should the need arise.

1st Contact	Relationship to child:
Full name	
Home telephone number	
Mobile telephone number	
Work telephone number	
Email address	

2nd Contact	Relationship to child:
Full name	
Home telephone number	
Mobile telephone number	
Work telephone number	

Emergency Contact (any person(s) other than yourself who may be contacted if we are unable to contact you or your other listed contacts).	
Full name	
Home telephone number	
Mobile telephone number	
Work telephone number	

Names of those collecting your child from the Club regularly (please provide contact details **if not already listed above**):

_____

_____

_____

Additional information i.e. special diets, allergies, health problems or anything else the Kids' Club staff should know about your child:

_____

_____

_____

_____

_____

Child's interests/hobbies/likes/dislikes:

_____

_____

_____

_____

_____

"I consent to my child receiving medical treatment in the event of an emergency."

Parent(s)/Carer(s) full name:

_____

Date: _____

Signature: _____ Parent/Guardian

Booking Forms

Please tick sessions required and return to the Kids' Club staff. Additional booking forms can be requested as required.

Week beginning:	Child's name:	
	Breakfast Club	After-school Club
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Week beginning:	Child's name:	
	Breakfast Club	After-school Club
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

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