#### SOUTH GLOUCESTERSHIRE COUNCIL



Executive Headteacher: Mrs Kathryn Absalom



### **Learning for Life**

Head of School: Ms Lizzy Meadows

Hollow Road Kingswood Bristol BS15 9TP

Tel: 01454 866536 Fax: 01454 866545

Email: parkprimary@sgmail.org.uk

Acting Head of School: Mr Gary Risdale

Earlstone Crescent Cadbury Heath Bristol BS30 8AA

Tel: 01454 867116 Fax: 01454 867116

Email: parkwallprimary@sgmail.org.uk

2021/2022

Dear Parent/Carer

#### Park 'n' Play ASC Agreement

Please find attached 2021/2022 agreement and booking form

- £15.00 registration fee payable for 2021/2022 via school money.
- Each session/part session charge for 2021/2022 is £11.00 per day per child.
- Bookings and payments are made a term in advance
- After school club fees are due on receipt of the invoice which will reflect INSET and holidays
- Refunds cannot be made for absences due to sickness or school day trips
- All forms must be completed and returned to the office before a child starts the club
- Subject to availability and payment of registration fee, we may able to take children in on an adhoc basis
- Payment for ad hoc bookings are due before or on the day of the booking
- A valid password must be quoted by any new adult collecting a child
- The club runs from 3.15pm (or in line with individual class finish times) to 6pm term time only.
- If your child has any allergies/medical issues this must be stated on the form
- Children receive fruit, snack and a drink at the club
- We will open a waiting list if oversubscribed
- We require 4 weeks notice in writing to cancel a regular booking

We are hoping you will decide to reserve a place for your child in the club this year; to do so please complete and return the following:

☐ Registration and Booking Form

One signed form from back of the Information and Agreement Pack

Ryan Elsbury After School Club Manager







## **REGISTRATION FORM**

2021 - 2022

Please register my child with the club

Please put current term 202	0/2021 class below		
Child 1			
Name:	Class:	Date of Birth:	
Child 2			
Name:	Class:	Date of Birth:	
Child 3			
Name:	Class:	Date of Birth:	
Child 4			
Name:	Class:	Date of Birth:	
If any of the above children	have a medical or spec	ial need please state this below	v:
I enclose the registration fe	e of £15.00 per child		
Total £			
Payment Method: School Mor	nev □ Cash □ Cheg	IE	Council





SIGNED: \_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_



# **Booking Form**

I wou	ıld like to	o book a	place f	or the fo	llowing c	hildren in: <b>Term</b>	
Pleas	e indicat	e which	days ar	nd the to	tal numb	er of days you require per child.	
Pleas	e state t	he date	you wo	uld like t	this to sta	art:	
Child	1						
Name	e:				_ Class:	Date of Birth:	
	Mon	Tues	Wed	Thur	Fri	Total days per week	
Child	2			l			
Name	e:				_ Class:	Date of Birth:	
	Mon	Tues	Wed	Thur	Fri	Total days per week	
Child	3	1		I			
Name	2:				_ Class:	Date of Birth:	
	Mon	Tues	Wed	Thur	Fri	Total days per week	
Child	4						
Name	e:				_ Class:	Date of Birth:	
	Mon	Tues	Wed	Thur	Fri	Total days per week	
SIGNED:(Parent/Carer) Date:							





