

St Peter's Ark

After School Club at
St Peter's Catholic Primary School
Norfolk Road Lytham St Annes
Telephone: 01253 734658
Mobile: 07519333162



Email: ark@st-peters-pri.lancs.sch.uk

Admissions Policy

St Peter's Ark after school club offers all children/families from the school an equal opportunity to access the facilities provided by the Club.

The Club provides quality childcare in a safe and secure environment and is open to all children of primary school age (4-11 years old) attending St Peter's Catholic Primary School.

- Admissions are made using a booking form; places are allocated on a first come first served basis and each child must have a separate Admission form completed.
- Places are offered on condition that parent/carers adhere to the policies, procedures and charging arrangements made by the governing body.
- Make our equal opportunities policy widely known.
- Be flexible about attendance patterns so as to accommodate the needs of individual children and families.
- Continue to consult parents to ensure that the Club goes on meeting the changing needs of the community.

The Club operates on a first come, first served basis and the booking procedures are made clear to parents/carers and are followed at all times.

Places must be paid for promptly in advance of the new term commencing with the **Booking Form**. Payments organised in advance can be made by cash, cheque or voucher scheme. Any additional sessions to those stated on the **Booking Form** should be paid directly to the club on that day when collecting your child by cash or cheque only. All booked places must be paid for unless they have been cancelled within one month. Cancellations can be received at the School Office and on the Ark email address. The School Office will notify the Club of such cancellations.

Parents/Carers requiring to use the Club must complete an **Admissions Form** annually, completing all sections fully and signing the document. It is the responsibility of the parent to inform the club of any changes to this information. A **Medical Needs Form** and **Behaviour Contract** need to also be completed and signed and handed in with the **Registration Form**.

A **Booking Form** will also need to be completed in advance each half term detailing which sessions are required for the half term period. Parents/carers will be notified of the outcome of their application as soon as possible. Sessions will be available on a first come first served basis.

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Admissions Form

A separate form must be completed for each child attending the club

<u>Child's name:</u>	
<u>Name to be used at the Club:</u>	
<u>Sex:</u> M / F	<u>Year Group:</u> EYFS / 1 / 2 / 3 / 4 / 5 / 6
<u>Date of Birth:</u>	
<u>Names and ages of siblings at the Club:</u>	
<u>Names of Parents/Carers:</u>	
<u>Home Address:</u>	
<u>Home Telephone Number:</u>	
<u>Mobile Telephone Number:</u>	
<u>Parents/Carers Place of Work and Contact Numbers:</u>	
<u>Other Emergency Contact Details:</u>	
<u>Names of Other Persons Authorised to collect your child (if unwell) and their contact details:</u>	
<u>Password to be used when authorised person is collecting your child:</u>	

<u>Doctor's Name:</u>
<u>Doctor's Address and Telephone Number:</u>
<u>Details of any Significant Health Issues (including medication, special needs):</u>
<u>Details of any Special Dietary Requirements: (including allergies and significant food and drink preferences)</u>
Do you consent for members of staff to take photographs of your child for displays and for St Peter' Ark Club brochure and posters: Yes/No
<u>Any Other Relevant Information:</u>
Have you completed an Emergency Medical Treatment Form? Yes / No

I hereby consent for my child to take up a place at St Peter's Ark After School Club according to the terms and conditions set out in its policies and procedures. I understand the expectations and obligations relating to both myself and the Club and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the Club.

I confirm that the information given in this form is accurate and I promise to contact the Leader of the Club as soon as any details change, especially in relation to contact details.

Signature of Parent/Carer: _____

Date: _____

Admission Form checked by: _____

Signature of checker: _____

Date: _____

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Emergency Medical Treatment Form

<u>Child's name:</u>
<u>Date of Birth:</u>
<u>Doctor's Name:</u>
<u>Doctor's Address and Contact Details:</u>
<u>Any other relevant medical information (ie allergies, family medical history etc):</u>
<u>Parents/Carers Names:</u>
<u>Home Address:</u>
<u>Emergency Contact Numbers:</u>
<u>Child's Medical Number (NHS):</u>

In the event that my child is involved in a serious incident while at the Club, I expect the Leader or a delegated member of staff to contact me immediately on the above emergency contact number and promise to keep the Club informed of any changes to this number.

In the event that my child requires immediate medical treatment before I will be able to get to the Hospital/Doctor's Surgery or the Club has been unable to contact any of the above emergency contacts, I hereby authorise the Leader, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Leader to withdraw it.

Signature of Parent/Carer: _____

Date: _____