West Kidlington
Primary & Nursery School
Be kind, give your best!

WELCOME TO SQUIRRELS

BREAKFAST & AFTER SCHOOL CLUB

BREAKFAST CLUB
MONDAY - FRIDAY
07:30-08:45

AFTER SCHOOL CLUB
MONDAY - THURSDAY
15:15-16:30 OR 15:15-17:45

PLEASE COMPLETE ONE FORM PER CHILD.

West Kidlington
Primary & Nursery School
Be kind, give your best!

STAFF CONTACTS

HEAD TEACHER
SIMON ISHERWOOD

PLAY LEADER
POPPY HAWKINS

01865 373369, OPTION 3

PHAWKINS@WEST-KIDLINGTON.OXON.SCH.UK

OFSTED NO: 144 398

MISSION STATEMENT

SQUIRRELS IS A BEFORE AND AFTER SCHOOL WRAPAROUND CARE PROVISION, ESPECIALLY CREATED FOR THE CHILDREN OF WEST KIDLINGTON PRIMARY SCHOOL.

OUR AIM IS TO PROVIDE A SAFE, YET EXCITING ENVIRONMENT FOR YOUR CHILD, WHERE THEY CAN FEEL COMFORTABLE AND RELAXED. THEY WILL GET THE CHANCE TO BE INVOLVED IN PLANNED ACTIVITIES AND OUTDOOR PLAY, AS WELL AS LISTENING TO MUSIC, READING OR JUST HAVING A CHAT. WE WILL ALSO PROVIDE YOUR CHILD WITH A SNACK & DRINK AND ENDEAVOUR TO CREATE A HOME FROM HOME FOR THE CHILDREN OF BUSY PARENTS AND CARERS.

THE CHILDREN ARE CARED FOR BY A QUALIFIED TEAM, IN A SAFE AND FAMILIAR ENVIRONMENT.

BREAKFAST CLUB MONDAY-FRIDAY	AFTER SCHOOL CLUB MONDAY-THURSDAY
07:30-08:45 £6 PER SESSION	15:15-16:30 £6 PER SESSION
	15:15-17:45 £12 PER SESSION

BEFORE SCHOOL

PARENTS ARE RESPONSIBLE FOR HANDING CHILDREN OVER TO A MEMBER OF STAFF.

CHILDREN ARE WELCOME FROM 07:30 EACH MORNING.

DIRECT BOOKINGS CAN BE MADE THROUGH PARENTPAY OUR CASHLESS SCHOOL PAYMENT SYSTEM. JUST LOG ONTO YOUR PARENTPAY ACCOUNT USING YOUR LOG IN DETAILS AND CHOOSE YOUR PREFERRED DATES. BOOKINGS CLOSE ON WEDNESDAY FOR THE FOLLOWING WEEK.

AFTER SCHOOL

CHILDREN ARE BROUGHT TO SQUIRRELS BY A MEMBER OF TEACHING STAFF.

A REGISTER WILL BE TAKEN ON ARRIVAL AND A MEMBER OF STAFF WILL SIGN CHILDREN OUT AS THEY ARE COLLECTED.

DIRECT BOOKINGS CAN BE MADE THROUGH PARENTPAY OUR CASHLESS SCHOOL PAYMENT SYSTEM. JUST LOG ONTO YOUR PARENTPAY ACCOUNT USING YOUR LOG IN DETAILS AND CHOOSE YOUR PREFERRED DATES. BOOKINGS CLOSE ON WEDNESDAY FOR THE FOLLOWING WEEK.

West Kidlington
Primary & Nursery School
Be kind, give your best!

SQUIRRELS TERMS & CONDITIONS

IN THE CASE OF ILLNESS STAFF SHOULD BE NOTIFIED AS SOON AS POSSIBLE. THIS CAN BE DONE BY EMAILING PHAWKINS@WEST-KIDLINGTON.OXON.SCH.UK

IN THE EVENT OF YOUR CHILD PARTICIPATING IN AN AFTER SCHOOL ACTIVITY, SQUIIRELS MUST BE INFORMED.

THIS PROSPECTUS FORM MUST BE COMPLETED AND RETURNED BEFORE YOUR CHILD IS PERMITTED TO START AT SQUIRRELS. ALL PARTS OF THIS FORM MUST BE COMPLETED AND SIGNED IN ACCORDANCE WITH OFSTED REQUIREMENTS.

BOOKINGS ARE DONE THROUGH PARENTPAY. BOOKINGS MUST BE PLACED BY WEDNESDAY FOR THE FOLLOWING WEEK.

WE ACCEPT TAX FREE EDUCATION CODES, CHILDCARE VOUCHERS AND STUDENT FINANCE CHILDCARE AS PAYMENT FOR ALL SESSIONS. THE VOUCHER MUST BE RELEASED IN ADVANCE OF THE TERM STARTING SO WE CAN CREDIT YOUR PARENTPAY ACCOUNT, READY FOR YOU TO BOOK YOUR CHILDCARE SESSIONS. THIS WILL THEN ALLOW YOU TO MAKE BOOKINGS VIA PARENTPAY UNTIL THE VOUCHER MAXIMUM IS REACHED.

PARENTS/CARERS MUST PRESENT THEMSELVES TO A STAFF MEMBER BEFORE DROPPING OFF OR COLLECTING A CHILD.

IF ARRANGEMENTS ARE MADE FOR ANY OTHER PERSON TO COLLECT YOUR CHILD OTHER THAN THE USUAL PERSONS, THE STAFF WILL NEED TO BE NOTIFIED IN ADVANCE. IF THEIR NAME DOES NOT APPEAR ON THE ADMISSION FORM OR STAFF HAVE NOT BE NOTIFIED PRIOR TO COLLECTION THEN THE CHILD WILL NOT BE ABLE TO LEAVE WITH THAT PERSON.

IT IS NOT ACCEPTABLE FOR ANYONE UNDER THE AGE OF 16 YEARS TO COLLECT A CHILD OR FOR ANY CHILD TO GO HOME ALONE WITHOUT WRITTEN PERMISSION.

IF YOUR CHILD IS IN YEAR 5 OR 6 THEY ARE ALLOWED TO WALK HOME ALONE IF WRITTEN CONSENT IS GIVEN ALONGSIDE, EMAIL PERMISSION WITH A LEAVING TIME AND DATE(S).

CHILDREN MAY BE COLLECTED AND/OR DROPPED OFF FROM ANY TIME WITHIN THE SESSIONS TIMINGS. IF YOUR CHILD/REN ARE PERSISTENTLY COLLECTED LATE A FINE MAY BE INCURRED.

THE SUCCESS OF SQUIRRELS DEPENDS ON COOPERATION AND SHARING OF ALL THOSE INVOLVED, PARENTS/CARERS SHOULD ADDRESS ANY QUESTIONS OR CONCERNS WITH SQUIRRELS STAFF. IN THE CASE OF A COMPLAINT PLEASE CONTACT MR ISHERWOOD.

ALL STAFF WILL RESPECT CONFIDENTIALITY OF ANY INFORMATION EXCHANGED BETWEEN THEM AND PARENTS/CARERS.

ALL SESSIONS BOOKED ARE CHARGED WITH NO REFUNDS GIVEN UNLESS NOTICE HAS BEEN GIVEN IN ADVANCE.

CHILDREN SHOULD NOT BRING ANY VALUABLE ITEMS, NOR SHOULD THEY BRING MONEY ON A DAY-TO-DAY BASIS. IT MAY BE REQUESTED THAT CHILDREN BRING IN AN ITEM FOR A SPECIAL ACTIVITY BUT THIS IS DONE SO AT THEIR OWN RISK.

CHILDREN MUST BE APPROPRIATELY DRESSED FOR ALL WEATHER CONDITIONS. THIS INCLUDES A WARM COAT, HAT, GLOVES, SUN CREAM AND SUN HAT.

ONLY PRESCRIBED MEDICINE MAY BE ADMINISTERED UPON COMPLETION OF A MEDICATION FORM BEING COMPLETED. PLEASE SEE SCHOOL POLICY WHICH IS DISPLAYED ON THE SCHOOL WEBSITE.

CHILDREN MUST COMPLY WITH THE SAME RULES WHICH APPLY TO BEHAVIOUR IN SCHOOL (INCLUDING NOT BRINGING IN ANY FORBIDDEN ITEMS).

RESPECT FOR OTHERS AND PROPER USE OF ALL PROPERTY AND EQUIPTMENT ON THE PREMISES IS ESSENTIAL AND MUST BE MAINTAINED BY ALL PERSONS AT ALL TIMES.

BEHAVIOUR BY ANY PERSON CONSIDERED TO BE UNACCEPTABLE OR INAPPROPRIATE MUST BE REPORTED TO THE HEAD TEACHER OR PLAY LEADER WHO WILL DECIDE ON THE LINE OF ACTION TO BE TAKE. BEHAVIOUR DEEMED UNACCEPTABLE IS AS FOLLOWS:
DISRUPTIVE OR AGGRESSIVE BEHAVIOUR,
USE OF BAD LANGUAGE OR DISRESPECTFUL BEHAVIOUR,
BULLYING OR VICTIMISATION BY ANY MEMBER OF THE SQUIRRELS CLUB,
DESTRUCTIVE OR ABUSIVE BEHAVIOUR.

PARENTS/CARERS WILL BE INFORMED IF A CHILD DISPLAYS UNACCEPTABLE BEHAVIOUR. CONTINUOUS DISRUPTIVE BEHAVIOUR BY ANY PERSON WILL BE RECORDED, NOTED WITH THE HEAD TEACHER AND PARENTS/CARERS WILL BE INFORMED. ANY FURTHER INCIDENT WILL BE REPORTED TO THE HEAD TEACHER AND/OR THE CHAIR OF GOVERNORS AND MY RESULT IN EXCLUSION FROM WRAPAROUND CARE.

TERMS & CONDITIONS CONSENT

I HAVE READ AND UNDERSTOOD THE TERMS & CONDITIONS OF SQUIRRELS WRAPAROUND CARE AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT ALL BOOKINGS ARE NON-REFUNDABLE AND NON-CHANGEABLE UNLESS NOTICE HAS BEEN GOVEN.

PARENT/CARERS NAME: _____ DATE: _____

PARENT/CARERS SIGNATURE: _____

West Kidlington
Primary & Nursery School
Be kind, give your best!

PHOTOGRAPH CONSENT

I GIVE MY PERMISSION/I DO NOT GIVE MY PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED PARTICIPATING IN ACTIVITIES.

I GIVE MY PERMISSION/I DO NOT GIVE MY PERMISSION FO MY CHILD TO BE PHOTOGRAPHED FOR PUBLICATION E.G. NEWSPAPER ITEMS, SCHOOL WEBSITE, SCHOOL NEWSLETTER.

I GIVE MY PERMISSION/I DO NOT GIVE MY PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE PLACED IN A PHOTOGRAPH ALBUM, DISPLAYED IN SQUIRRELS OR PLACED IN A PLANNING FOLDER.

CHILD'S NAME: _____ DATE: _____

PARENT/CARERS NAME: _____

PARENT/CARERS SIGNATURE: _____

FILM CONSENT

DURING EVENING SESSIONS WE MAY HOST A MOVIE NIGHT. MOST FILMS COME WITH A 'PG' RATING AND WE THEREFORE NEED PERMISSION FOR YOUR CHILD TO PARTICIPATE AND WATCH A PG FILM.

CHILDREN WILL NOT BE ABLE TO WATCH A 'PG' RATED FILM WITHOUT PARENTAL CONSENT.

I GIVE MY PERMISSION/I DO NOT GIVE MY PERMISSION FOR MY CHILD TO WATCH A 'PG' RATED FILM.

CHILD'S NAME: _____ DATE: _____

PARENT/CARERS NAME: _____

PARENT/CARERS SIGNATURE: _____

SUN CREAM CONSENT

WE WOULD LIKE THE CHILDREN TO ENJOY PLAYING IN THE SUN SAFELY AT SQUIRRELS SO WE ASK THAT SUITABLE SUN CREAM IS APPLIED TO YOUR CHILD BEFORE COMING TO SCHOOL.

SUN CREAM SHOULD BE AT LEAST FACTOR 15 AND ABOVE.

IF YOU WOULD LIKE YOUR CHILD TO HAVE SUN CREAM REAPPLIED DURING AFTER SCHOOL CLUB, A BOTTLE OF SUN CREAM MUST BE PROVIDED TO SQUIRRELS OR KEPT IN YOUR CHILDS BAG.

I GIVE MY PERMISSION/I DO NOT GIVE MY PERMISSION FOR MY CHILD TO BE ASSISSTED APPLYING SUN CREAM.

I GIVE MY PERMISSION/I DO NOT GIVE MY PERMISSION FOR MY CHILD TO BE SUPERVISED APPLYING SUN CREAM.

I WILL/WILL NOT PROVIDE SQUIRRELS WITH A LABELED BOTTLE OF SUN CREAM.

CHILD'S NAME: _____ DATE: _____

PARENT/CARERS NAME: _____

PARENT/CARERS SIGNATURE: _____

West Kidlington
Primary & Nursery School
Be kind, give your best!

SQUIRRELS ADMISSION FORM

PUPIL DETAILS

CHILD'S NAME: _____ DATE OF BIRTH: _____

FIRST CONTACT

NAME: _____ POST CODE: _____

ADDRESS: _____

MOBILE NUMBER: _____ WORK NUMBER: _____

SECOND CONTACT

NAME: _____ POST CODE: _____

ADDRESS: _____

MOBILE NUMBER: _____ WORK NUMBER: _____

ADDITIONAL CONTACTS

PLEASE PROVIDE THREE ADDITIONAL PEOPLE THAT ARE ALLOWED TO COLLECT AND CAN BE CONTACTED IN AN EMERGENCY.

	NAME:	MOBILE NUMBER:
1.		
2.		
3.		

COLLECTION PASSWORDS AND PEOPLE ALLOWED TO COLLECT WILL BE USED IN LINE WITH PREVIOUS INFORMATION THAT YOU HAVE PROVIDED THE SCHOOL WITH.

PLEASE NOTIFY USE OF ANY CHANGES TO INFORMATION.

NO CHILD WILL BE RELEASED TO ANY UNAUTHORISED PERSON WITHOUT PRIOR KNOWLEDGE.

West Kidlington
Primary & Nursery School
Be kind, give your best!

ADDITIONAL INFORMATION

CHILD'S NATIONALITY: _____

CHILD'S ETHNIC BACKGROUND: _____

THIS INFORMATION DOES NOT DISCRIMINATE BUT ENABLES US TO ENSURE WE ARE PROVIDING FOR YOUR CHILD'S NEEDS.

MEDICAL REQUIREMENTS.

DOCTOR'S NAME:: _____

DOCTOR'S ADDRESS: _____

PHONE NUMBER: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS? _____

DOES YOUR CHILD NEED MEDICATION? _____

IN THE EVENT OF AN ACCIDENT REQUIRING HOSPITAL ATTENTION YOUR PERMISSION IS NEEDED.
PLEASE NOT THAT ANY CHILD ATTENDING HOSPTIAL WILL BE ACCOMPANIED BY A MEMBER OF STAFF AT ALL TIMES.

I AM/AM NOT WILLING FOR _____ (CHILD'S NAME) TO ATTEND HOSPITAL IF REQUIRED.

SIGNED: _____ DATE: _____

DOES YOUR CHILD HAVE ANY SPEACIAL DIETARY REQUIREMENTS FOR EITHER HEALTH OR RELIGIOUS REASONS?

_____

PLEASE NOTE IF YOUR CHILD SUFFERS FROM ANY MEDICAL PROBLEMS, SUCH AS ASTHMA OR SEVERE ALLERGIC REACTIONS THEY NEED TO HAVE THEIR MEDICATION ON THE PREMISES AT ALL TIMES. THIS WILL BE KEPT IN A SAFE PLACE ALONG WITH A CONSENT FORM AND INSTRUCTIONS ON HOW TO ADMINISTER THE DRUG.

OTHER REQUIREMENTS.

PLEASE INCLUDE ANY INFORMATION WHICH YOU FEEL WOULD BE USEFUL FOR THE STAFF TO KNOW WITH REGARD TO YOUR CHILD'S WELLBEING. THIS MAY INCLUDE TOILET PROBLEMS, IMMATURE SPEECH, HEARING DIFFICULTIES, BEHAVIOUR PROBLEMS ETC.

_____

_____

NAME: _____ RELATIONSHIP TO CHILD: _____

SIGNED: _____ DATE: _____

THANK YOU FOR COMPLETING THIS FORM!