



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



## Welcome to **Squirrels** Breakfast and After School Club



Breakfast Club  
Monday – Friday  
**07:30 - 08:45**

After School Club  
Monday – Friday  
**15:15 – 17:45**

Please complete one form per child



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## Staff Contacts

**Principal:** Simon Isherwood

**Tel:** 01865 373369, Option tbc

**OFSTED NO:** 144 398

## Mission Statement

- Squirrels is a before/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 cold 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.

## Club Times & Fees

<b>Breakfast Club Monday – Friday</b>	<b>After School Club Monday – Thursday</b>
07:30 -08:45	15:15-17:45
£6.00 per session	£12.00 per session

### Before School

- Parents are responsible for signing children into the club.
- Children are welcome from 07:30 each morning.
- Direct bookings can be made through ParentPay our cashless school payment system. Just log into your Parentpay account using your log in details and choose your preferred dates.

### After School

- Children are brought to Squirrels by a member of teaching staff.
- A register will be taken on arrival and parents/carers will be asked to sign their child out when leaving.
- Direct bookings can be made through ParentPay our cashless school payment system. Just log into your Parentpay account using your log in details and choose your preferred dates.

**West Kidlington Primary School, Oxford Road, Kidlington OX5 1AE**



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## **Squirrels Before and After School Club Terms and Conditions**

**In the case of illness, staff should be notified of absence as soon as possible on the first day. This can be done by emailing [office@west-kidlington.oxon.sch.uk](mailto:office@west-kidlington.oxon.sch.uk) or calling the school on 01865 373369.**

- On arrival for each session, all children must be registered.
- In the event of your child participating in an after-school activity, Squirrels will need to be informed.
- All parents/carers must complete this admission form before their child is permitted to start at Squirrels. We must insist that all parts of the form are completed and signed, in accordance with Ofsted requirements.
- To book, please log into your Parent Pay account and book your required sessions directly.
- We also accept Tax Free Education codes and Childcare vouchers as payment for all wrap around care. (please advise the school prior to booking). The voucher must be released in advance of the term starting so we can credit your ParentPay account, ready for you to book your required sessions. This will then allow you to make your booking selections on ParentPay until the Voucher maximum is reached.
- All parents/carers must present themselves to a member of staff before taking any children from the premises. Please note that the premises refer to both inside and outside and you must sign your child 'out' stating the time that the child was collected, before leaving the premises.
- If arrangements are made for any other person to collect your child, other than the usual persons, the staff will need to be informed in advance. The persons name should appear on the admission form. If their name does not appear on the admission form or if prior notification has not been received, 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.
- Children attending Breakfast Club may be dropped off from 07:30 and After School Club children may be collected at any time between 15:15 and 17:45. Tea is usually served around 16:15. The full charge for the session remains the same. If you are persistently late collecting your child/ren, 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 that they have with the Squirrels staff. In the case of a complaint, please contact the Principal.
- All staff will respect confidentiality of any information exchanged between them and parents/carers.
- Please note that all sessions booked are charged and no refund given.
- Children should not bring any valuable items, nor should they bring money on a day-to-day basis. It may be requested that they bring an item in for a special activity, however they bring these items at their own risk.
- Children must be appropriately dressed for all weather conditions e.g.: warm coat, hat and gloves in the winter, and a sun hat and sun cream in the summer.
- Only prescribed medicines can be administered – please see School Policy which is displayed on the School Website – [www.west-kidlington.oxon.sch.uk](http://www.west-kidlington.oxon.sch.uk)
- Children must comply with the same rules which apply to behaviour in school (including not bringing in forbidden items).
- Respect for others and proper use of all property and equipment 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 will be reported to the Principal or Play Leader who will decide on the line of action to 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 Principal and parents/carers will be informed. Any further incident will be reported to the Principal and/or the Chair of Governors and may result in exclusion for wraparound care.

**PLEASE READ AND SIGN THE ATTACHED CONSENT FORM ON THE FOLLOWING PAGE AND RETURN TO THE SCHOOL OFFICE.**

**PLEASE KEEP THESE TERMS AND CONDITIONS FOR FURTHER REFERENCE.**



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### **Terms and Conditions Consent**

I have read and understood the Terms and Conditions of Squirrels wraparound care and agree to abide by them. I understand all bookings and non-refundable and non-changeable.

Signed \_\_\_\_\_ Parent/Carer Date \_\_\_\_\_

Name \_\_\_\_\_ (please print)

### **Photograph Consent Form**

During sessions we often take photographs of the children participating in their activities. We keep these in a file as evidence of our planning. We also like to put them into a photo album for the children to look through. Sometimes the children may have their photograph taken for a newspaper, school event or to put on the school website.

Children may not be photographed without parental consent; therefore, we would ask that you read and fill in the form below and return it to the school office as soon as possible.

#### **Please delete where appropriate:**

I give my permission/do not give my permission for my child to be photographed participating in activities.

I give my permission/do not give my permission for my child to be photographed for publications eg newspaper items, school website

I give my permission/do not give my permission for my child's photograph to be placed in a photograph album, displayed in the room, or placed in a planning folder.

Child's Name \_\_\_\_\_

Parent/Carer's Name \_\_\_\_\_

Parent/Carer's Signature \_\_\_\_\_

Date \_\_\_\_\_



## Squirrels Admission Form

If you have any difficulties in filling in this form, please tell a staff member who will be willing to help.

### Pupil details

Child's name \_\_\_\_\_

Family name \_\_\_\_\_ date of birth \_\_\_\_\_

### Contact 1

Carers name \_\_\_\_\_

Address \_\_\_\_\_

Post code \_\_\_\_\_ home telephone \_\_\_\_\_

Work telephone \_\_\_\_\_ mobile telephone \_\_\_\_\_

### Contact 2

Carers name \_\_\_\_\_

Address \_\_\_\_\_

Post code \_\_\_\_\_ home telephone \_\_\_\_\_

Work telephone \_\_\_\_\_ mobile telephone \_\_\_\_\_

### Emergency contact

Please give the name, address and telephone numbers of two other people who could be contacted in an emergency.

Name	address	telephone number
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1. \_\_\_\_\_

2. \_\_\_\_\_

Names of all persons authorised to collect from wraparound care:

This should include parents. Please notify us of any changes. No child will be released to any unauthorised person without prior notice.

### Additional information

Child's nationality \_\_\_\_\_

Child's ethnic background \_\_\_\_\_

This information does not discriminate but enables us to ensure we are catering for your child's needs.



**Medical & Other requirements**

Name and address of doctor

\_\_\_\_\_

Telephone number \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any health problems? \_\_\_\_\_

Does our child need medication? \_\_\_\_\_

In the event of an accident requiring hospital attention your permission is sought. Please note that any child attending hospital will be accompanied by a member of staff at all times.

I am/am not willing for \_\_\_\_\_ (child's name) to attend hospital when required

Signed \_\_\_\_\_ dated \_\_\_\_\_

Does your child have any special dietary requirements for either health or religious reasons?

\_\_\_\_\_

Please note that if your child suffers from any medical problem, such as asthma or severe allergic reaction, 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 information**

Please include any information which you feel would be useful for the staff to know with regard to your child's well-being.

Additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This may include toileting problems, immature speech, hearing difficulties, behaviour problems etc  
Please sign and date below:

Signature \_\_\_\_\_ date \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Thank you for completing this form.**