



Horizons
“Breakfast and After School Club”

Your Child's Details:

Child's Name

Date of Birth

Age

Sex

Year group

Parent / Carer details:

Name

Home Address

Home Tel No.

Mobile Number

Work Number

Email address for
correspondence
and invoices

Authorised Collectors (ASC only): Please name below all persons whom you authorise to collect your child from the After School Club (continue onto an extra sheet if necessary). Proof of identity may be required if not known to ASC staff. A collector should be over 16 years of age. Please update ASC with any amendments to this list.

Emergency contact
name and relationship

Tel No

Authorised collector
name and relationship

Tel No

Authorised collector
name and relationship

Tel No

PLEASE APPLY FOR YOUR CHILD'S PLACE BY CIRCLING THE REQUIRED DAY / DAYS FOR A REGULAR WEEKLY BOOKING.
ONCE CONFIRMED 4 WEEKS NOTICE IS REQUIRED TO CANCEL YOUR BOOKING

Date to start Breakfast club: __/__/__ Monday Tuesday Wednesday Thursday Friday

and/or

Date to start After School Club: __/__/__ Monday Tuesday Wednesday Thursday Friday

Please circle as required: Long Long Long Long Long
Short Short Short Short Short

BREAKFAST CLUB IS 7.45AM UNTIL 8.45AM INCLUDING BREAKFAST – THE COST PER SESSION IS £4.00.

A SHORT ASC SESSION IS 3.15PM UNTIL 4.30 PM INCLUDING TEA - THE COST PER SESSION IS £7.00.

A LONG ASC SESSION IS 3.15 UNTIL 5.45 PM INCLUDING TEA - THE COST PER SESSION IS £10.50.

FEE PAYMENTS ARE DUE AT THE BEGINNING OF THE MONTH FOR THE MONTH AHEAD, RATES ARE REVIEWED TERMLY.

CHILDCARE VOUCHERS ARE ACCEPTED FROM MOST EMPLOYERS – OUR OFSTED REGISTRATION NUMBER IS 125009.

ADHOC REQUESTS NEED TO BE APPLIED FOR BY CONTACTING THE HORIZONS CLUB OR THE SCHOOL OFFICE MANAGER.

IN THE EVENT YOU ARE UNAVOIDABLY LATE TO COLLECT YOUR CHILD PLEASE CALL 01483 598544 AND LEAVE A MESSAGE ON THE ANSWERPHONE. LATE CHARGES MAY BE APPLIED.

Other Information:

Name of child's

Phone No.

Doctor and Surgery

Please give details of any current information, for example: Medical details, medication special needs, etc and any allergies including food. It is your responsibility to keep us up to date with any changes.

Please give any other useful personal information, for example: Religious observances; first language - if not English, tendency to wander, shyness and also any favourite activities.

Parent's Consent: Please answer as appropriate.

I give permission for my child to take part in all activities inside and outside? YES / NO

I give permission for my Merrow Infants child to be escorted to and from Merrow Infants School by the Horizons staff team via a Walking Bus. YES/NO

I give permission for my child to be given medical treatment in an emergency and for an adhesive dressing to be applied if the qualified First-Aider feels it is required. YES / NO

I give permission for photos to be taken of my child. YES / NO

I give permission for the school to use my child's photograph on their website? YES / NO

Are you the legal guardian of the child? YES / NO

Parent / Carer Signature Date

On completion, this form should be returned to your child's school office or e-mailed to sandra.horizons@bushyhilljs.net.

Any queries raised in completing this form can be asked at Breakfast Club or ASC, at either school office or by email.

Any queries regarding invoicing and use of school vouchers should be sent to Liz Vinall:

ascfinance@bushy-hill.surrey.sch.uk

Merrow school office – 01483 561501

Bushy Hill school office – 01483 598544

We look forward to welcoming your child.

