



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 on to 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	<input type="text"/>	Tel No.	<input type="text"/>
Emergency contact name and relationship	<input type="text"/>	Tel No.	<input type="text"/>
Emergency contact name and relationship	<input type="text"/>	Tel No.	<input type="text"/>

PLEASE APPLY FOR YOUR CHILD'S PLACE BY INDICATING THE REQUIRED DAY / DAYS FOR A REGULAR WEEKLY BOOKING. ONCE CONFIRMED, 4 WEEKS' NOTICE IS REQUIRED TO CANCEL OR CHANGE YOUR PERMANENT BOOKING. PLEASE NOTE THAT WHEN YOU BOOK YOU RESERVE THE PLACE/S, THEREFORE ALL BOOKINGS ARE CHARGED WHETHER OR NOT THEY ARE ATTENDED. Please see our Information Sheet for all other Terms & Conditions.

Date to start Breakfast Club: DD/MM/YY **Monday Tuesday Wednesday Thursday Friday**

and/or

Date to start After School Club: DD/MM/YY **Monday Tuesday Wednesday Thursday Friday**

Please indicate length of session
Long Short Long Short Long Short Long Short Long Short

**BREAKFAST CLUB IS 7.45 AM UNTIL 8.45 AM INCLUDING BREAKFAST - THE COST PER SESSION IS £4.50
A SHORT ASC SESSION IS 3.15 PM UNTIL 4.30 PM INCLUDING TEA - THE COST PER SESSION IS £8.00
A LONG ASC SESSION IS 3.15 PM UNTIL 5.45 PM INCLUDING TEA - THE COST PER SESSION IS £11.50**

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.

AD HOC REQUESTS NEED TO BE APPLIED FOR BY CONTACTING THE HORIZONS CLUB.

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
Doctor and Surgery

Doctor / Surgery
Phone Number

Please give details of any current information; for example: Medical details, special needs, medication, etc. Also, please make us aware of any food allergies or extreme preferences regarding food. Please ensure you update us of any changes.

Please give any other personal information; for example: Religious observances, first language (if not English), tendency to wander, shyness, etc. Please also let us know 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 the use of school vouchers should be directed to: ascfinance@bushy-hill.surrey.sch.uk

Bushy Hill School Office – 01483 598544

Merrow School Office – 01483 561501

