

## **Woodland Grange Primary School**

#### Pre/Aftercare Service

Woodland Grange Primary School. Oadby, Leicester, LE2 4TY Tel: 0116 2720401 email – owlshoot@woodlandgrange.leics.sch.uk

#### OWLS HOOT - OUT OF SCHOOL CARE ADMISSIONS FORM Pre-Care / After Care (Circle as appropriate) Session: Child's Surname: Child's First Name: Name by which child should be addressed: DOB: Parent's Name Carer's Name: Address: Address: Post Code: Post Code: Home No: Home No: Work No: Work No: Mobile No: Mobile No: Class Teachers Name: If we should need to contact somebody during the club opening times and we cannot contact you on the above numbers, please provide the name and details of two alternative carers: Name: Name: Address: Address: Telephone No: Telephone No: Relationship to Child: Relationship to Child: Language in which child communicates: Special requests/requirements regarding religious observances, food, clothing, health or other matters, which we should observe whilst the child is in our care: Please sign to give permission for your child to be taken out of the centre, within the school campus to – playing fields, main school buildings etc. Extra permission will be required for any off-site visits. Signed: Date: Names of <u>all</u> persons authorised to collect your child:



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Owls Hoot Adı	mission Form contd.	
Child's nationality:		
Ethnic background:		
Name of child's doctor:		
Doctors address:		
Doctor's telephone number: Does your child have any allergies? If yes, please give details:	Yes / No	
Has your child been in hospital recently? If yes, please give details:	Yes / No	
Has your child any ongoing health problems: If yes, please give details:	Yes / No	
Are there any special needs we should know about? If yes, please give details:	Yes / No	
Do you agree to your child being given emergence		
if necessary?	hospital,	
Signed:	Date:	

#### Fees are payable monthly in advance.

- There is a late payment charge of £10 for any payments not made by the due date, to cover administrative costs.
- Late collection will incur a charge of £5 for up to 15 minutes and £5 for each additional 15 minute
- Remember to use your vouchers to help pay towards these services. Please give information of the type of voucher you will be using below.

Voucher service to be used – include all details of provider, registration number etc.



After-Care (to 6 p.m.)

- £10.00

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Please sign to sa	y you have read ar	nd agreed to these	e terms.		
igned:			Date:		
		ADVANCED BO	OOKING FORM		
Child's Name:			DOB:		
Address:					
			Post Code:		
lome No:			Work No:		
Care required fro	m:	(please inse	ert start and end dates	s) And to:	
Day	Pre-care from 7.45 a.m @ £5.50 (drink included)	Pre-care from 8 a.m @ £4.50 (drink included)	After Care to 4 p.m @ £5.50	After Care to 5.00 p.m @ £7.50	After Care to 6 p.m @ £9.50
Monday					
Tuedsay					
Wednesday					
Thursday					
Friday					
		CASUAL	PLACES		
We may have casua	al places available, plea	ase contact the settin	g leader to check ava	llability on 075438039	01.
If casual places boo	oked are not cancelled	before 12.00 noon o	n the day required, a	fee of £5.00 hourly ra	ate) will be
Casual Rates:					
Pre-Care (from 7.4 Pre-Care (from 8.0 After-Care (to 4 p.n	00 a.m.) - £5.00				
After-Care (to 5 p.					



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#### **TERMS AND CONDITIONS**

- A deposit of £20.00 is required to secure a place per child. This is refunded when the child leaves, subject to one months' written notice of intention of withdrawal.
- Charges are payable termly or half-termly in advance.
- A charge of £10.00 will be incurred if payments are not paid by the due date.
- Late collection will incur a charge of £5 for up to 15 minutes and £5 for each additional 15 minute block.
- If children are collected after 6 p.m., a charge of £10 per 15 minutes will be made.
- · Parents must notify the Group Leader if their child will not be attending for any reason (i.e attending a club, illness etc)
- Refunds cannot be made in the case of illness or attendance at other clubs.
- There will be no refunds for holidays during term time, in line with Local Authority expectations.

I have read and understood the terms and conditions.					
Signed:	Date:				
Deposit paid on the School Gateway - £20.00 Yes/No Date paid: Signed:					