

Pre/Aftercare Service

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

FOUNDATION STAGE - OUT OF SCHOOL CARE ADMISSIONS FORM

Session:	Pre-Care / After Care (C	Circle as appropriate)			
Child's Surname:		Child's First Name:			
Name by which child sho	ould 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:					
	·	club opening times and we only the club opening times and we club of two alternative carers: Name:	<u>-</u>		
ivairie.		Name.			
Address:		- Address:			
Telephone No:		_ Telephone No:			
Relationship to Child:		_ Relationship to Child:			
Language in which child	communicates:				
	ments regarding religious o e whilst the child is in our ca	bservances, food, clothing, are:	health or other matters,		
	<u> </u>	aken out of the centre, within	· ·		
Signed:		Date:			
Names of <u>all</u> persons authorised to collect your child:					



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Foundation Stage	Admission 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	y treatment or admission to
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.



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Please sign to say you have read and agreed to these Signed:		e terms. Date:			
		ADVANCED BO	OOKING FORM		
Child's Name:			DOB:		
Address:					
			Post Code:		
Home No:			Work No:		
Care required fro	m:	(please inse	rt 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	l	
We may have casua	al places available, plea	ase contact the settin	g leader to check ava	ilability on 075438039	01.
If casual places boo charged.	ked 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.m After-Care (to 5 p.	0 a.m.) - £5.00 a.) - £6.00				

- £10.00

After-Care (to 6 p.m.)



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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:						