



BISHOPS DOWN
Wrap Around Care & Holiday Play Scheme

Play Scheme: Agreement Form

Child's name:		Date of birth:
Does your child have any medical conditions/disabilities? If yes, please list:		Does your child have any allergies or strong dislikes? (i.e. food/materials). If yes, please list:
Are you happy for your child to use face paints, etc? Yes / No		Do you have any objections to photographs being taken of your child whilst at the Play Scheme? <i>(The photographs will be kept within the school for use on display boards etc.)</i> Yes / No
Does your child have a special diet? (please state what type Yes / No	I do/do not give permission for my child to watch PG rated films Yes/No	Is there any other information that you feel we should know?
I do/do not give permission for my child/ren to be taken off site in supervised activities. Yes/No		

FEES

Current fees are as follows:

Daily Rate £30.00

Half Daily Rate (five hours) £15.00

Payment must be made at time of booking and bookings will not be confirmed until payment has been received.

When booking regular sessions payment would be required in advance either in full or part, paid by the start of term.

Agreement

Please read the following statements and sign the declaration and return to the school office or with your Play Scheme booking form.

1) General

1. I agree to my child attending the Bishops Down Holiday Play Scheme.
2. I agree that I will ensure that my contact details and other information on the registration form are kept up to date.
3. I understand that if my child fails to attend a pre booked session that I will be charged according to the policy.
4. I agree that if my child is absent from Holiday Play Scheme, I will contact the Play Scheme by 9.00am.
5. If for any reason I find I am unable to collect my child I will contact the club as soon as possible to make alternative arrangements.

2) Expectations

1. I agree that my child will be expected to play safely and within boundaries advised by staff. Should my child repeatedly behave in an inappropriate manner I accept that I may be asked to collect my child from the club.
2. Should any issues arise I agree to meet and discuss them with the Play Scheme Manager or adult in charge at a mutually convenient time.

3) Medical

1. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatments, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

4) Financial

1. I agree to give a week's notice (by email) if cancelling a place in Holiday Play Scheme. I understand that I will not receive a refund if less than a week's notice is given. With regards to sickness the first day of absence will be charged but subsequent days will be refunded if the Holiday Play Scheme has been notified on day one.
2. I will collect my child from Holiday Play Scheme by 6:00pm at the latest. I understand that failure to do so will result in being charged a £5.00 penalty per 15 minutes, after 6.30pm a flat rate of £25.00 will be charged.
3. I understand that the minimum period of time that can be booked Holiday Play Scheme is Half a day . It is not possible to book 1 hour slots.
4. I will pay my fees in advance and should there be any issues, discuss it promptly with the Play Scheme Manager, the Finance Officer or the Head Teacher.
5. I agree if I make an ad-hoc booking in the Holiday Play Scheme I will pay in advance or on the day. Should I fail to pay my fees in advance, I accept that my child(ren) will not be able to attend the Holiday Play Scheme,

Childs Name: _____

Year Group/School Name: _____

Signed: _____ Name (please print): _____

Contact Telephone Number: _____

Email Address: _____

Date: _____