Registration Pack

Please read the information, complete the forms and return to the School Office

Thank you

Welcome to Vernon Park After School Club.
The following information is to assist the registration of your child, please read it carefully and keep for future reference.

Registration

Only children that have completed registration forms will be able to attend the club.

If you have more than one child please fill in a registration form for each child.

Opening Times

Monday - Thursday	3.25pm till 5.30pm
Friday	3.25pm till **5.20pm**

Please note: we do not operate an After School Club session on the last day of every term i.e. Christmas, Easter and Summer.

Fees and Payments

£5.50	3.25pm - 4.25pm (includes snack) pick up after 4.25pm will incur the full £8.00 charge
£8.00	Full session 3.25pm - 5.30pm (5.20pm on a Friday)
£2.00	per every 5 minutes for late pickup

Fees must be paid upon booking the club place. All payments are to be made online via the 'schoolmoney' system. We do not accept cash payments. Unfortunately, arrears may result in your child being unable to attend the club.

Bookings

Please book and pay for all sessions via our online 'schoolmoney' system. Bookings and cancellation must be made 24 hours in advance.

Collecting your Child

Children need to be collected by the above closing times. If you collect your child after this time there will be a charge of £2 per 5 minutes. Frequent late collections will result in the loss of your child's place.

Please provide written details of who will be collecting your child on the registration form, as we will not allow your child to leave the club with someone who is unknown to us. Please contact the Manager if arrangements have changed.

All policies and procedures are available to read on request.

We hope your child enjoys coming to our After School Club.

Thank you

Miss K Jones
After School Club Manager

Please complete one booking form for each child

Name of Child ……..

Name of Parents/Carers……..

Age of Child…… Date of Birth…….

Home Address…….

…… Post Code…….

Home Tel No…… Mobile Tel No……

1 Work Tel No……

2 Work Tel No……

Other contacts in case of emergency:

1.Name…… Tel No……

2.Name…… Tel No……

Please give details of any medical conditions, allergies or dietary requirements that affect your child.

…….

…….

Childs Religion…… Ethnicity…….

Doctor's Name……. Tel No…….

Address…….

Permission to Administer Medical Treatment

Name of Child: ……

Date of Birth: ……

In case of emergency, I give my permission for my child to receive any first aid or medical treatment necessary.

Name of Parent/Carer: ……..

Signature: ……..

Date: ……..

Permission to take Photographs

During the course of our planned activities we may take photographs of the children taking part in activities. The photographs will be used for displays and newsletters.

Please sign below to allow us to do this.

Childs Name …….

I do/do not give my permission

Signature……. Date……

September 2026