**Northampton International Academy Wrap Around Care**

**Child’s Details -**

START DATE: ….................................

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | First language: | Child’s Class Group: |

Breakfast Club Sessions requested (tick as required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday** | **Friday** |
| 7:45–8:45 am |  7:45–8:45 am | 7:45-8:45 am | 7:45–8:45 am |  7:45–8:45 am |

**Ad hoc only** - Please complete dates required below: **-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Date:** | **Date:** | **Date:** | **Date:** |

After School Club Sessions requested (tick as required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday** | **Friday** |
| 3:15pm - 6:00pm  | 3:15pm-6:00pm  | 3:15pm- 6:00pm  | 3:15pm-6:00pm  | 3:15pm-6:00pm  |

**Ad hoc only** - Please complete dates required below: **-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Date:** | **Date:** | **Date:** | **Date:** |

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Wrap Around Care cannot give refunds for any sessions that I have booked but which my child does not attend.

**Parent/Carer details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | First name: | Surname | Title: | First name: | Surname |
| Home address: | Home address (if different): |
| Does this child normally live at this address? Yes / No | Does this child normally live at this address? Yes / No |
| Work address: | Work address: |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: | Email address: |
| Does this person have parental responsibility? Yes / No | Does this person have parental responsibility? Yes / No |
| Does anyone else have parental responsibility for this child? Yes / No - If yes, please provide details on a separate sheet. |

# Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | Relationship to the child: |

# Child’s Doctor

|  |
| --- |
| Name of Doctor: |
| Address: | Telephone: |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details) |
| Is there anything your child doesn’t like (food, games etc) or is scared of? |
| What are your child’s favourite activities? |

**I declare the details provided are correct, should circumstance change I will inform the academy office.**

**Signature of Parent/Carer: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Northampton International Academy Wrap Around Care**

 **Terms and Conditions**

**General**

1. Northampton International Academy Wrap Around Care is open to children attending Northampton International Academy from Reception to Year 6 and is run by academy staff.
2. The Breakfast Club is open from 7:45am to the start of the school day and After School Club is open from the end of the school day to 6:00pm Monday to Friday during term time only.
3. The club provides a range of activities for children after school finishes.
4. A light snack and a drink will be provided within the cost.
5. Children must be collected from the club by a named adult, when the child will be handed over by a member of Wrap Around Care staff.
6. Unless it is requested by the academy, children should not bring their own toys, games, or any items of value into the academy. We are unable to accept responsibility for such items.

**Bookings**

1. Bookings must be made on the academy booking form available from the Wrap Around Care staff or from the academy office and are made on a first come first served basis.
2. Enquiries regarding the Wrap Around Care should be made to the academy office.

Please inform the academy in writing if you no longer require your child to attend Wrap Around Care. We require one weeks’ notice, in writing, for cancellations.

1. If your child will not be attending a session that they are registered for, please inform the academy, giving as much notice as possible.
2. In the event that you would like to change the day(s) that your child attends Wrap Around Care, a new booking form must be completed with your new requirements and is subject to availability.
3. Ad hoc Sessions - Once a completed application form and signed terms and conditions form has been returned to the academy office, along with session prepayment. Ad-hoc and one-off bookings can be made depending upon availability and providing sufficient notice is received.

**Payments**

1. The charge for each full session at After School Club is £9.00 per child, £7.00 for siblings attending the same session, £9.00 for a session following a school club. Breakfast Club is charged at £4.00 per session. Prices will be reviewed on a termly basis.
2. If children are collected after 6:00pm, an additional charge will be incurred of £10.00 per child up until 6:15pm. After 6:15pm, an additional charge of £10 per 5 minutes will be incurred.
3. All payments to be paid in advance through ParentPay; if you do not have a ParentPay activation code please enquire at the school office.
4. To secure a place for your child to attend Wrap Around Care you are required to book for the term/year.
5. **Payments to be made in advance prior to the start of each week**, if you fail to make payment, we will be unable to accommodate your child due to the staff/child ratio.
6. All payments are non-refundable as provisions are purchased and staffing is arranged to ensure the correct staff/child ratio. Refunds/credits will not be given for non-attendance/cancellations. In the event of a child’s absence there will be no refund. Should you choose for your child not to attend a full week, payment for a full week will still be due.

**Dietary Needs and Medical Conditions**

1. We are unable to administer medication to a child at the club unless it is an Epi-Pen or an inhaler, for which parents must have completed an ‘Administration of Prescribed Medication’ form available at the academy office. It is the parent/carer responsibility to ensure that all medication provided to the academy has not exceeded its expiry date and is marked clearly with your child’s name.
2. It is the parent’s responsibility to disclose any special dietary needs or medical conditions on the booking form.
3. Children are not permitted to bring their own food to Wrap Around Care unless this has been agreed in writing by the academy in advance of their attendance to Wrap Around Care.

**Withdrawing an offer of a place**

 **We reserve the right to withdraw an offer of a place in the following circumstances:**

1. Unacceptable behaviour, resulting in distress or disruption to children or adults at Wrap Around Care, will result in staff contacting the parent to collect their child immediately.
2. Where a child has not attended the Wrap Around Care for their allocated session for a period of 3 consecutive weeks.

**Termination**

1. This contract will last for a period of one year, effective from the child’s start date and will be reviewed every six months. However, during this period Wrap Around Care reserve the absolute right to terminate this agreement with immediate effect, in the event that any of the clauses listed if these terms and conditions are broken.

**Signing this agreement, you are agreeing to all the terms and conditions.**

**Signature of Parent/Carer: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**