



Dear Parents and Carers,

### **Out of School Care Club "Crystal Club"**

Langshott Primary School is a fully extended school. We offer childcare from 7.30 am until 6.00 pm from Monday to Friday during term time. We provide high quality childcare offering a warm, comfortable and welcoming environment. There are opportunities for the children to enjoy a range of activities, including outside activities. The club is situated in the outside classroom and the children also have access to the school playground and play equipment. The children are given a snack at the after school care club (hot and cold food available) and are provided with breakfast at the breakfast care club. We encourage children to eat a balanced diet, e.g. bread and ham/cheese, fruit, etc. (carbohydrate and protein). We also encourage independent choices, therefore, if there is something with your child's eating habits/choices that you would like us to encourage, please make a member of Crystal Club staff aware. Provided your child is registered, you may use the facility on a regular or on an occasional basis, provided that places are available and that you have booked and paid in advance.

Telephone number for booking/cancelling sessions:       **01293 776341**       (School Office)  
Emergency contact number for child collection issues:   **07563 475945**       (Crystal Club)

The cost of the provision is as follows:

Registration               : £10.00 per child  
  
Breakfast Club            : £ 6.50 per session (from 7.30 am, includes breakfast)  
  
After school Club         : £14.50 per session (until 6.00 pm, includes refreshments)

If you wish to register, please complete the attached form and return to the office with the £10 per child registration fee. Once you are registered you will be able to pay for sessions and book online via Scopay, the online payment and booking system (there is a link on the top right hand side of the home page on the Langshott Primary School website - <http://www.langshott-surrey.co.uk/>).



**Langshott Primary School**  
**Out of School Care Club**  
**TERMS AND CONDITIONS**

1. Children must be collected no later than the agreed time, i.e. 6.00 pm.
2. Parents and carers must identify themselves to the Crystal Club supervisor on the first day of their child/ren's attendance. Adults collecting their child/ren must present themselves to a member of staff before escorting them off the site.
3. Should arrangements be made at any time for another adult to accompany or collect any child/ren, the supervisor must be informed and where possible, introduced to the nominated adult.
4. If you know you are going to be late collecting your child/ren, you must inform the supervisor by telephoning ASAP. If this happens regularly, i.e. more than 3 times, you will be required to pay an additional £5.00 per half hour. If the lateness persists, i.e. for more than 10% of your child's attendance, you will be asked to remove your child/ren from the Crystal Club. If your child/ren has not been collected by 6.30 pm, no telephone contact has been made by you, or no other responsible adult listed on the authorised list has been reached, Social Services will be contacted.
5. Children must be appropriately clothed for participation in all activities and suitable to weather conditions. No liability will be accepted for any damage to the child/ren's clothes.
6. Unless it is requested or optional as part of any activity, children should not bring any toys, games, money or valuable items to the site.
7. All information exchanged by any person involved with the Crystal Club must be kept strictly confidential.
8. Any child who is sick will have to be collected ASAP. If you have a place booked at the Crystal Club and your child/ren has not attended school that day, due to sickness, we are unable to offer refunds.
9. You may book in advance online through Scopay, the online booking and paying system, unless you are paying by childcare vouchers in which case you will need to book via the school office with a booking form. This will secure your child/ren's place at the Crystal Club if places are still available. The Crystal Club is registered for 48 children in total.
10. If you wish to cancel a booked session, please inform us in writing or by email. We would appreciate as much notice as possible, at least 48 hours if you require a refund.
11. The success of the Crystal Club depends on co-operation and sharing between all those involved. Parents and carers should address any comments they wish to make to the Club staff.
12. It is essential that we know of any allergies or medical requirements your child(ren) may have. We need to be aware of any signs and symptoms to look out for and medication that may need to be administered as necessary. Please complete the form attached and return with the registration paperwork.

**All children who attend this club must be registered with us. Children will be collected from school during term time and escorted safely to the club. Children will remain at the club until collected by a named adult.**

Child's Name (in full) \_\_\_\_\_

Preferred Name to be called \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Names of Parent(s)/Carer(s) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: Day \_\_\_\_\_

Evening \_\_\_\_\_

Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Name and address of person \_\_\_\_\_  
collecting child from the club \_\_\_\_\_

(if different from the above) \_\_\_\_\_

Telephone Numbers: Day \_\_\_\_\_

Evening \_\_\_\_\_

Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Details of second contact \_\_\_\_\_  
other than collector who \_\_\_\_\_

may be able to collect the \_\_\_\_\_  
child in an emergency \_\_\_\_\_

Telephone Numbers: Day \_\_\_\_\_

Evening \_\_\_\_\_

Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Any other information? \_\_\_\_\_  
\_\_\_\_\_



**Langshott Primary School**  
**Out of School Care Club**  
**CONSENT FORM**

**PERMISSION FOR EMERGENCY/OPERATIVE TREATMENT**

In an emergency, when a parent's/carer's attendance cannot be immediate, it may sometimes be necessary to obtain treatment for a child from a Doctor or Casualty Department at hospital. As delay in these circumstances is highly undesirable, we would ask that you give your consent below in case such an emergency should unfortunately arise.

In the event of sudden illness or accident affecting my child, if recommended by a Doctor, I agree to emergency treatment and/or administration of a general anaesthetic to my child.

Parent's/Carer's signature: \_\_\_\_\_

Please print full name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERMISSION FOR OFF-SITE ACTIVITIES**

Some of the routine activities of the club may involve visiting the local park or going for short walks in the local area. If you agree for your child to attend these trips, escorted by staff, please delete as appropriate and sign below. You will always be notified of such an event in advance.

*I agree to my child taking part in the activity described above.* Yes†/ No†

Parent's/Carer's Signature \_\_\_\_\_

Please print name \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN THIS CONSENT FORM WITH YOUR BOOKING FORM



**Langshott Primary School**  
**Out of School Care Club**  
**MEDICAL FORM**

Pupil's Name .....

Date of Birth .....

Name and Address of  
Family Doctor .....

Telephone Number of Doctor .....

Has your child suffered any serious illness/infection? (i.e. Chicken Pox, Measles, etc.)

YES / NO .....

Were there any known difficulties in your child's early development?

YES / NO .....

Has your child had any operations?

YES / NO .....

Is your child allergic to Plasters?      YES / NO      Type: .....

Does your child have any other allergies/major dislikes? (i.e. asthma, hay fever, eczema, etc., food/materials)

YES / NO .....

If YES, what are the signs/symptoms to look out for? .....

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Is your child independent in the toilet – clean and dry during the day?

YES / NO .....

Left Handed/Right Handed/Don't know yet? .....

Has your child received vaccination against Tetanus in the last five years?      YES / NO

Special Diet?      YES / NO      .....

Are there any known problems relating to Speech? **YES / NO**

Type:

Referred to speech therapist, etc? YES / NO

Present Treatment:

Possible Future Needs:

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Are there any known problems relating to Vision? **YES / NO**

Type:

Referred to optician/hospital, etc? YES / NO

Present Treatment:

Glasses Worn: YES / NO

Possible Future Needs:

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Are there any known problems relating to Hearing? **YES / NO**

Type:

Referred to specialist? YES / NO

Present Treatment:

Hearing Aid Worn: YES / NO

Possible Future Needs:

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Any other conditions under medical care? **YES / NO**

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Signed ..... Parent/Carer Date .....

**MEDICINES**

Any prescribed medication that needs to be taken during the school day must be handed to the School Office by the parent/carer. A consent form will be required to be completed and all medicines should be in containers clearly labelled with the child's name, the type of medicine and the dosage instructions. All medication must be in date.

**MEDICAL HISTORY**

Please use the space below to add any other information you feel may help us to look after your child.