

St William of York Catholic Primary School

After School Club

St William Road
Thornton, L23 9XH
Tel: 0151 924 7280
Mobile Tel: 07510 138125



Club Booklet

September 2024

The After School Club at St William of York School Catholic Primary School is for children in Reception to Year 6.

The Club has the following members of staff:

Club Manager – Mrs S Middlehurst

Playworker – Mrs M Ward

Playworker – Miss A Fairclough

Playworker – Miss P Blundell

Playworker – Mrs P Morgan

The Club runs during school term time between 3.15pm and 5.45pm

Safety

• Policies

The Safeguarding & Child protection policy is available on the school website www.stwilliamofyork.co.uk Any concerns will be dealt with in accordance with guidelines. Please ensure that you read this together with all our other policies.

• Registration

The club is registered with Ofsted under the school registration ref. 104934

• Fire Regulations

All staff working at After School Club are aware of the regulations and regular fire drills take place.

- **First Aiders**
There will be a trained and qualified first aider present at all times.
- **Sun Safety**
It is extremely important to protect the children in our care from the harmful effects of the sun's rays. To allow children to enjoy its benefits the policy below will be followed;

All children to wear sun hat/cap during outside play activities in summer months.

Staff will supervise and help, if required, your child to apply sunscreen that has been sent in (named) once the permission form has been signed.

Other considerations

- **Please notify the manager of any change in circumstances that may affect your child. Please ensure After School Club have up to date contact telephone numbers for emergencies. Mobile numbers must always be available to take calls.**
- **Any bookings/cancellations should be made by an adult not children. 24 hour notice is required.**
- **After School Club cannot care for children who are sick or suffering from an infectious/contagious disease i.e. measles, chicken pox etc.**

- **After School are unable to care for a child who is not toilet trained. If there is an accident we will contact the parent/carer to collect. We will clean the child as best we can to make them comfortable.**
- **The snack provided must not be seen as a substitute meal. If your child does not like the snack provided, then it may be necessary for you to provide a snack from home.**
- **All club policies are available on request as is the complaints procedure if required.**
- **Prices - £6.00 for the first hour (3.15pm to 4.15pm) £12.00 for the full session (3.15pm upto 5.45pm). A charge of £5 will be made if a child is collected after 5.45pm. Booking should be made via the School Spider app.**

**After School Club at
St William of York CP School**

We hope that After School Club will provide you and your child with a useful service during your time at St William of York. If you require any further information, contact the school office on 0151 924 7280.

Please complete the tear off slip below to confirm that you have read and understand the above information.

After School Club at St William of York School

Childs Name _____

I confirm that I have read and understand the club booklet provided.

I know that policies are available on request.

Parent's signature

Date _____

After School Club at St William of York Catholic Primary School

Membership Form

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Childs Legal Name (in full)

Preferred Name if different to above

Date of Birth

Year Group

**Does the child live at a different address than their main home address? Yes/No
If Yes please advise the address below;**

Who has parental responsibility?

Parent 1

Address

Contact telephone number

Parent 2

Address

Contact telephone number

COLLECTIONS

Please note below, name and address of person(s) who may collect your child from the club (if different from above.)

1. Name**Address****Phone No. (incl STD) Day****Evening****2. Name****Address****Phone No. (incl STD) Day****Evening****IMPORTANT INFORMATION****Emergency Contact 1 - Name****Phone No.****Relationship to child****Emergency Contact 2 - Name****Phone No.****Relationship to child****Doctor's Name****Doctor's Address****Doctor's Phone No. (incl STD)****Does your child have any known medical problems, i.e. asthma, allergies? Yes/No****If so please give details.****Does your child have any special dietary requirements or allergies? Yes/No****If so please detail.****Is your child on any regular medication?****Yes/No****If yes, please detail:****Does your child require help with administering the medicine?****Yes/No**

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|--|---------------|
| Does your child have an Educational Health Care Plan (EHCP) | Yes/No |
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Attendance

Tick the days you would like your child to attend and note the frequency, i.e. weekly, fortnightly, monthly etc.

| | After School Club | Frequency |
|------------------|--------------------------|------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

What date would you like your child to start?

Any other relevant information:

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Consent Requests

Please read the consent requests below and mark them as appropriate

Some of the routine activities of the club may involve visits or other short trips off the premises. For your child to take part in these activities we must have your written consent. (For major trips and outings a consent form requesting your permission will be sent home with your child)

I do/do not * agree to my child taking part in the excursions described above.

**Delete as appropriate*

I consent/do not consent* to my child undergoing any emergency medical treatment necessary during the running of the club. **I authorise/do not authorise*** the playcare staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

**Delete as appropriate*

Should my child need to take medication which has been prescribed by our GP, **I authorise/do not authorise*** the play care staff to administer this medication as prescribed and on my instruction only. A separate medical form also needs to be completed. Available from the School Office.

** Delete as appropriate*

I have read the above consent requests and have marked them as appropriate.
I agree to the terms and conditions as detailed in the 'How to use your Club' guide.

Signed:

Date:

All information provided on this form will remain confidential in accordance with St William of York Primary School's confidentiality policy.

FOR OFFICE USE ONLY

Pupil file created

Date

Daily Register(s) updated

Date

Special dietary requirements noted on Special Dietary Requirements form

Child's birthday noted in diary

Staff members instructed in administration of medicine where required

Medicine Administration Form completed where applicable

For office use; NOTE DATE OF ANY CHANGES TO THIS CONTRACT BELOW

Date

Nature of change

OUTDOOR ACTIVITIES

Some of the activities of the Club may involve visiting parks or short trips for your child to take part in these activities you must give your permission.

I agree to my child taking part in outdoor activities.

Yes

No

PERMISSION FOR PHOTOGRAPHS

Photographs may be taken and could be used for advertising or publicity purposes if deemed appropriate by the Director.

I give permission for my child's photograph to be taken.

Yes

No

Things I don't like / upset me

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Things I would like you to know about

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Continue on a separate sheet if necessary.