



## The Tree House

Linchfield C P School  
Crowson Way Deeping  
St James

### **TERM TIME CONTRACT 2020-2021**

All children that attend The Tree House must be registered.

Please note there is a one off registration fee of £10 per family.

<b>CHILD'S NAME:</b>		
<b>ADDRESS:</b>		
<b>DATE OF BIRTH:</b>	<b>AGE:</b>	<b>GENDER:</b>
<b>ETHNIC ORIGIN:</b>	<b>FIRST LANGUAGE:</b>	<b>RELIGION:</b>

#### **NAME/S OF PERSON/PEOPLE WITH PARENTAL RESPONSIBILITY**

<b>NAME:</b>		<b>RELATIONSHIP TO CHILD</b>
<b>TEL HOME:</b>	<b>TEL MOBILE:</b>	<b>TEL WORK:</b>
<b>EMAIL:</b>		
<b>NAME:</b>		<b>RELATIONSHIP TO CHILD:</b>
<b>TEL HOME:</b>	<b>TEL MOBILE:</b>	<b>TEL WORK:</b>
<b>EMAIL:</b>		

**NAMED PEOPLE AUTHORISED TO COLLECT****(Other than the person / people with Parental Responsibility)**

<b>NAME:</b>	<b>RELATIONSHIP TO CHILD:</b>	<b>DAY/S:</b>
<b>NAME:</b>	<b>RELATIONSHIP TO CHILD:</b>	<b>DAY/S:</b>

**The Tree House reserve the right not to allow any child to be released if we are in any doubt as to the authenticity of the person calling.**

**EMERGENCY CONTACT DETAILS****(Other than the person/people with Parental Responsibility)**

<b>CONTACT NO.1 NAME:</b>		<b>RELATIONSHIP TO CHILD:</b>
<b>TEL HOME:</b>	<b>TEL MOBILE:</b>	<b>TEL WORK:</b>
<b>CONTACT NO.2 NAME:</b>		<b>RELATIONSHIP TO CHILD:</b>
<b>TEL HOME:</b>	<b>TEL MOBILE:</b>	<b>TEL WORK:</b>

**The telephone numbers you provide will only be used to contact your nominated emergency contacts in a genuine emergency situation. It is in your child's best interest to keep them up to date. We will use the numbers in priority order (Contact 1, then 2) When we cannot contact the person/people with parental responsibility.**

**SESSION TIMES AND FEES**

<b>BEFORE SCHOOL</b>	<b>7.30am to 8.45am</b>	<b>£4.00 per session for 1 child</b> <b>£3.50 per session, per child for 2 or more children</b>
	<b>Breakfast</b>	<b>£1.00</b>
<b>AFTER SCHOOL</b>	<b>3.15pm to 6pm</b>	<b>£6.50 per session for 1 child</b> <b>£6.00 per session, per child for 2 or more children</b>
	<b>Tea</b>	<b>£2.50</b>

**SESSIONS BOOKED**

**Please indicate below the Term time sessions you require. We will do our best to offer all of your requirements, but where we are unable to offer certain times and days, you will be notified and added to a waiting list until the sessions become available.**

**Please note that holiday places must be booked separately. Please see a member of staff for more information. 24hrs notice of cancellation is required for any holiday places booked.**

	<b><u>MORNING SESSIONS:</u></b>			<b><u>AFTERNOON SESSIONS:</u></b>		
<b><u>DAY</u></b>	<b><u>FROM</u></b> (Time)	<b><u>TO</u></b>	<b><u>BREAKFAST</u></b> (Please tick if required)	<b><u>FROM</u></b>	<b><u>Please Tick to indicate day required</u></b>	<b><u>TEA</u></b> (Please tick if required)
MONDAY		8.45am		3.15pm		
TUESDAY		8.45am		3.15pm		
WEDNESDAY		8.45am		3.15pm		
THURSDAY		8.45am		3.15pm		
FRIDAY		8.45am		3.15pm		
<b>FIRST SESSION TIME AND DATE:</b>						

#### **LATE COLLECTIONS**

All children must be collected by 6pm at the latest. Collections later than 6pm will be charged at £1 per minute, per child.

#### **PAYMENT OF FEES**

Fees will be charged in advanced.

Bills will be sent out on the first of each month. Payment is required in full by the end of that month. Any Outstanding fees must be paid by the first Friday of the following month. Failure to do so could result in loss of sessions booked.

Fees are non-refundable and payment must be made in full for periods of sickness and holiday unless notice is given.

Payments can be made by cash, cheque or childcare vouchers. All cheques should be made payable to Linchfield CP School.

<b>PARENT/GUARDIANs NAME:</b>	<b>PARENT/GUARDIANs SIGNATURE:</b>	<b>DATE:</b>

#### **AUTHORISATIONS AND CONSENT FIRST AID**

I DO/DO NOT give my consent for first aid to be administered to my child should the need arise.

<b>PARENT/GUARDIANs SIGNATURE:</b>	<b>DATE</b>

#### **PHOTOGRAPH AUTHORISATION**

I DO/DO NOT give my consent for my child to be photographed or videotaped when involved in activities connected with The Tree House.

**No commercial gain will be made of these photographs or videos, most will be used for promotion of The Tree House**

**Under NO Circumstances will photos or videos be placed on social media.**

<b>PARENT/GUARDIANS SIGNATURE:</b>	<b>DATE</b>
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**ICT AUTHORISATION**

The Tree House has the provision of computers and Ipads with internet facilities, which are available for the use by children. We have a policy which sets out the rules and responsibilities for the use of ICT within The Tree House, which must be adhered to at all times.

**I DO/DO NOT give my consent for my child to use the computer, Ipads and internet facility at The Tree House.**

<b>PARENT/GUARDIANS SIGNATURE:</b>	<b>DATE</b>
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**WALKING PERMISSION SLIP**

**I DO/DO NOT give my permission for my child to leave the school site accompanied and supervised by a member of The Tree House Staff.**

These would include walking to the river, doing a traffic survey, drawing local buildings, seeing a performance at the Deepings School etc. In order that we can make the maximum possible use of opportunities that present themselves to us, the Tree House requests that you give blanket permission for your child to be able to join in, sometimes at very short notice. Any time a child leaves the site, intended that this one permission will cover your child for their time at The Tree House.

<b>PARENT/GUARDIANS SIGNATURE:</b>	<b>DATE</b>
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**SPECIAL NEEDS INFORMATION**

**Does your child have any special needs that we should be aware of?**

**(STAFF WILL DISCUSS THIS WITH YOU)**

<b><u>Please give brief details:</u></b>
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**CHILDS MEDICAL INFORMATION AND CONSENT FORM**

<b>CHILDS DOCTOR:</b>	<b>TELEPHONE NUMBER:</b>
<b>ADDRESS:</b>	
<b>ANY MEDICAL PROBLEMS (allergies etc):</b>	

I DO/DO NOT give my consent to emergency treatment being given to my child should the need arise during club sessions.

I DO/DO NOT authorise the Tree House staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by a doctor or medically qualified person to endanger my child's health and safety.

<b>PARENT/GUARDIANS SIGNATURE:</b>	<b>DATE</b>
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- ✓ I have received a copy of The Tree House handbook which details the rules, policies and procedures.
- ✓ I Understand that if I wish to alter or amend the times my child attends The Tree House, then I must give the required notice period.
- ✓ I Understand that if a space is not required temporarily, and the parent/guardian advises the manager by giving 2 weeks' notice, the parent/guardian will only be charged half rate for that space. The Tree House reserves the right to feel that space temporarily.
- ✓ I understand that I may withdraw my child at any time, by giving 1 months' notice in writing or equivalent payment in lieu.
- ✓ I agree to my child being collected and escorted on foot to and from their class rooms, to Tree House by a member of the Tree House staff. (Foundation, Years 1 & 2 only).

<b>PARENT/GUARDIANS SIGNATURE:</b>	<b>DATE</b>
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**FOR OFFICE USE ONLY:**

<b>MANAGERS SIGNATURE:</b>		<b>DATE:</b>
<b>REGISTRATION FEE PAID:</b>	<b>YES</b>	<b>NO</b>
<b>INFORMATION ADDED TO RELEVANT FORMS</b>		
<b>REGISTERS:</b>		
<b>PICK UP LISTS:</b>		
<b>AUTHORISATION LISTS:</b>		
<b>FEES:</b>		
<b>EMERGENCY DETAILS:</b>		