



Bluebell After School Club
Brooklands School.
Brooklands Drive. Leighton Buzzard.
Beds. LU7 3PF
Tel: 07842022861

Thank you for your enquiry about After School Club. We run 3.30 – 6.00pm Monday to Fridays term time from the Breakfast room.

Attached are all the necessary forms for registering your child. Please retain the Booking and Pricing Information sheet for your own use. The After School Club Agreement, Registration and Consent Forms should be completed and returned to Bluebell Childcare or via the school office.

Please feel free to pop in and have a chat, we could answer all your questions and show you what we get up to.

We look forward to meeting you.

The After School Club Team

Tel: 07842022861

BLUEBELL CHILDCARE

Bluebell After School Club

BOOKING AND PRICING INFORMATION

Hours: 3.30 – 6.00pm every school day

Telephone: 07842022861

Length Of Stay	Price	Plus Snack
3.30 – 4.00pm	£1.75	£2.25
3.30 – 4.30pm	£3.50	£4.00
3.30 – 5.00pm	£5.25	£5.75
3.30 – 5.30pm	£7.00	£7.50
3.30 – 6.00pm	£8.75	£9.25

There are no discounts for siblings. Payment can be made in advance, at the time of booking or, on the day. Cheques should be made payable to Bluebell Childcare. Where payment is made on the day, this should be handed to a member of staff on collection of your child. Cheques can only be accepted for amounts of £10.00 and over.

Late pick up of a child after 6pm may incur a charge of £1.75 per ¼ hour up until 6.15pm, and £5 per ¼ hour thereafter. Late payment may mean refusal to accept a child for future bookings. If you have booked a place and no longer require it, maybe your child is sick or just a change of plans, please call and cancel before 2pm and there will be no charge. If you have booked a place and do not cancel then you will be charged.

Bookings

We have a flexible booking policy, which means that you can book your place, weeks in advance or on the day that you require ASC. Short notice bookings are accepted, but we do ask that you notify the school allowing them adequate time to get a message to your child. **Same day bookings can only be accepted where your child has been registered previously by completing and signing the registration form.** Please call the number above to book or complete the booking form attached and return to ASC or the school office.

Snack Options

On arrival to the After School club, children are offered a drink and biscuit. At 4.00/4.30 (depending on activities) your child will be offered a snack, a copy of the snack menu is displayed on our notice board.

Please state whether you wish your child to have a snack, when you book their place.

To contact the After School Club to advise of any change in arrangements (e.g. child's absence, likely delay over collection of a child) or for any other reason, please ring the telephone number at the top of the page. Failure to cancel any booking will result in a charge of £5.

Further Correspondence can be sent to Bluebell Childcare at: Southcott Lower School, Bideford Green, Leighton Buzzard, Beds LU7 2UA.

BLUEBELL CHILDCARE

Bluebell After School Club AGREEMENT

On arrival to the After School club, children are offered a drink and biscuit. At 4.00/4.30 (depending on activities) your child will be offered a snack, a copy of the snack menu is displayed in the room.

Your child will have access to varied indoor/outdoor activities, weather permitting. We encourage the children to make suggestions for activities, equipment and games and also involve them in the weekly planning.

If a child becomes ill whilst in the care of Bluebell Childcare, every attempt will be made to contact one of the people listed on the registration form, to arrange collection of the sick child. The child will be cared for until collected.

In the case of a minor accident, basic First Aid will be administered. In the case of an accident requiring more than basic First Aid, every attempt will be made to contact the parent/carer to advise or discuss with him/her the course of action to be taken. If the managers are unable to contact the parent/carer in time, appropriate action will be taken (as detailed in the Operational Plan) to gain emergency medical treatment for the child. The After School Club's policies and procedures are contained in the Operational Plan and are accessible for parents/carers to read.

Bluebell Childcare cannot accept any child for a session, unless a completed signed registration form is submitted by the parent/carer.

All accidents and emergencies are entered in the Accident Book.

I agree to contact the Bluebell Childcare to advise of any change in arrangements (e.g. child's absence, delay over collection of a child) or for any other reason. I have read and understand the Agreement above and the Booking and Pricing Information. I agree to pay any fees due. I have parental responsibility for the child named below.

Child's Name.....

Parent/ Carer's Signature

Date

.....
Printed name (in block capitals)

BLUEBELL CHILDCARE

Bluebell After School Club

REGISTRATION FORM

All the children who attend the After School Club must be registered. Please complete one form per child. Please PRINT clearly.

Date:	Class:	Date Of Birth:
Full Name Of Child:		
Home address:		
Parent/Carer Details		
First Contact Name:	Second Contact Name:	
Relationship to Child:	Relationship to Child:	
Address If Different	Address If Different	
Contact Tel No.s Day/Mobile:	Contact Tel No.s Day/Mobile:	
Email:	Email:	
This person has parental responsibility for the above named child. Please Circle Yes No	This person has parental responsibility for the above named child. Please Circle Yes No	
Name & Tel No. of person who can collect from club in an emergency:		

Child's Ethnic Origin (This information is required for social services/government monitoring purposes and does not affect registration)

Child's Ethnic Group (Please tick one of the boxes below)					
White	- British (WBRI)	<input type="checkbox"/>	Asian or Asian British	- Indian (AIND)	<input type="checkbox"/>
	- Irish (WIRI)	<input type="checkbox"/>		- Pakistani (APKN)	<input type="checkbox"/>
	- Traveller of Irish Heritage (WIRT)	<input type="checkbox"/>		- Bangladeshi (ABAN)	<input type="checkbox"/>
	- Gypsy/Roma (WROM)	<input type="checkbox"/>		- Any other Asian background (AOTH)	<input type="checkbox"/>
	- Italian (WITA)	<input type="checkbox"/>		- Caribbean (BCRB)	<input type="checkbox"/>
	- White other (WOTH)	<input type="checkbox"/>		- African (BAFR)	<input type="checkbox"/>
Mixed	- White and Black Caribbean (MWBC)	<input type="checkbox"/>	Black or Black British	- Any other black background (BOTH)	<input type="checkbox"/>
	- White and Black African (MWBA)	<input type="checkbox"/>		Chinese (CHNE)	<input type="checkbox"/>
	- White and Asian (MWAS)	<input type="checkbox"/>	Any other ethnic background (OOTH)		<input type="checkbox"/>
	- Any other Mixed background (MOTH)	<input type="checkbox"/>	Prefer not to say (REFU)	<input type="checkbox"/>	Not obtained (NOBT)

Medical Information

Child's doctor: Tel:

Surgery address:

Does your child have any medical problems that we should be aware of?

Additional information i.e. special diets, allergies or anything else the After School Club should know about your child

Declaration

I consent to my child receiving medical treatment in the event of an emergency. I understand that Bluebell Childcare and the After School Club cannot accept responsibility for the children's possessions or valuables whilst they are attending the club. I will notify the After School Club if any of the above details change. I have received the After School Club Agreement. I have parental responsibility for the above named child.

Signature Date

Printed name (in block capitals).....

Bluebell Childcare

PARENT/CARER CONSENT FORM

Name Of Child:

Date Of Birth:

Parent Name:

1. Permission to Administer Medicine

(e.g. antibiotics, asthmatic inhalers, antihistamines etc provided by parent/carer)

I give permission for the above named child's nominated member of staff to administer medicine to the child in accordance with the official instructions supplied and in consideration I hereby undertake to supply the necessary medicine and instructions to the member of staff and to indemnify and hold harmless the member of staff, the management and local authority against any claim of any nature whatsoever arising from the administration of the medication.

Type of medicine

When to be administered

.....

Any other instructions:

2. Permission to Photograph Child

I give permission for the above named child to be photographed in connection with after school club. Photographs may be taken for educational and publicity purposes.

YES [] / NO []

Signed.....

Date

3. Permission to store data.

Some information that you have provided on these forms may be stored on a computer.

Do you consent to this? (This information is confidential and for after school club purposes only).

YES [] / NO []

Signed

Date

4. Permission to use face paints

We occasionally use face paints in a session, do you consent to this?

YES [] / NO []

Signed.....

Date.....

5. Permission to watch DVD's

We have a selection of DVD's from U certificate, PG or up to 12, that the children can choose to watch.

Do you consent to this?

YES [] / NO []

Signed.....

Date.....

Please feel free to pop in and check the selection.