



Home School Agreement - OOH

Parents/Carers Name		
Please list your child/children who will be attending Out of School Club.	Child's Name	Class

Parent/Carer Promise

1. I confirm that my child/children as listed above will access Out of School Club at the academy and I agree to make prompt payments on a weekly basis, in accordance with the school policy.
2. I understand that places need to be booked and paid in advance, and if my child cannot attend no refunds or credits will be issued unless one week's notice is given to school in advance.
3. I understand that I, as parent/carer will remain liable to the academy for all moneys owed in respect of Out of Hours payment for my child/children.
4. I understand that failure to make prompt payment will result in Out of hour's arrears, of which I will remain liable to settle in full with the academy.
5. I understand that failure to make payment may result in the withdrawal of a future place for Out of Hours Club for my child/children.

Signed:	
Print Name:	
Date:	

Any known dietary requirements	
Any known medical conditions	
Any known allergies to medication	
Any other important information we need to know	

Contact Telephone Numbers – please note we will contact parent/carer 1 in the event of an emergency, unless you specify otherwise.

Parent/Carer 1	
Full Name	
Contact Number	
Parent/Carer 2	
Full Name	
Contact Number	

Emergency Contact information (if parent unavailable)

Full Name

Relationship to Child

Contact Number

I agree to the registered person in the provision or deputy in charge taking the necessary steps to ensure my child (name)

Receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the provision, or while my child is on an authorised outing.

I understand that the registered person, or deputy in charge will make every effort to inform me of any emergency or accident as soon as possible or after the event. They may have to accompany my child(name) to hospital in the case of a serious accident in my absence.

I give permission for the registered person in charge of the provision or deputy in charge to authorise hospital staff to administer essential treatment until my arrival.

Childs full name

Signed (delete as appropriate) parent/carer

Date

Please return the completed form to the school office promptly

