

Inspire

Challenge

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# **AFTER SCHOOL CLUB**

## **Parent Information Booklet**



**2025 - 2026**

## AFTER SCHOOL CLUB

# ASC DETAILS

Registered person: Mrs A Instone

Telephone: 07940454060

Email: [griffithstownasc@hotmail.com](mailto:griffithstownasc@hotmail.com)

Monday – Thursday: 3.30pm – 5.29pm

Friday : 3.30pm – 4.30pm

### Bookings

- All sessions must be booked and paid for at the start of each week or daily. The After School Club (ASC) will not accept payment in arrears.
- Parents are offered places on a first come/first served basis.
- Parents are welcome to book on 'an occasional basis' providing there are available spaces (but the pupil must be pre-registered).
- No child will be accepted until a registration form has been completed and handed in to the registered person (Mrs A Instone)
- The registration form requires important details that must be updated to ensure we have a clear line of communication and are aware of all medical needs.
- Parents must inform the registered person (giving 24 hours' notice) of changes to 'booked' days. Parents **will be** charged for booked days unless the child is ill and/or off school.

### Charges

- Families must have an account on CivicaPay before their child is able to attend ASC
- Administration fee: £6.00 must be paid with each new application
- £6.00 for one hour
- Monday – Thursday: £12.00 for 'whole' session
- Additional £6.00 if a child is not collected by 5.40pm (Mon – Thurs) or 4.40pm on Friday
- Fees cannot be refunded if a child does not attend, unless the child has gone home ill from school. In such a situation, the registered person may offer credit for other sessions.
- A record of payment will be maintained by the registered person.

### Tax Credits

- Credits can be claimed because we are a school-based club
- School Code: 6782321

# AFTER SCHOOL CLUB

## Information

- The After School Club (ASC) promotes the mission, vision and aims of Griffithstown Primary School.
- All incidents of discriminatory behaviour related to appearance, race, gender, faith etc. will be reported and recorded.
- All concerns/questions should be shared with the registered person in the first instance. If you are not happy with the outcome, you should contact the head teacher. See the school **Complaints Policy** on the website: [www.griffithstown-primary.co.uk](http://www.griffithstown-primary.co.uk)
- The club can accommodate up to 32 children. The registered person and the ASC team will meet the social, physical, intellectual, creative and emotional needs of each child.
- The ASC will use appropriate indoor/outdoor areas and provide opportunities for pupils to participate in IT, art, craft, board games, story telling and sport.
- Infant pupils will be escorted from their classes to the ASC room.
- A file of all policies and procedures is available for parents.
- Pupils must be collected by parents, carers, other known adults (see registration forms). A 'sign out' book will be available for parents/carers to sign at the end of each session. A daily register is kept, along with information about each child's individual needs and emergency contact details.
- Parents are encouraged to comment on the club or talk to staff about their child's needs. Regular questionnaires will be sent to all parents to help improve our provision.
- Half termly topic webs will be available to view. Children will participate in the planning of activities.
- Incidental Welsh will be used during the session.

# AFTER SCHOOL CLUB

## **Child's Details**

Name of child:	
Gender:	
Date of birth:	
Home address:	
Home telephone:	
Email *	

\*An email must be provided for your child to attend after school club

## **Emergency Contact Details**

### **1<sup>st</sup> Contact**

Name of adult:	
Relationship to child:	
Home telephone:	
Mobile number:	

### **2<sup>nd</sup> Contact**

Name of adult:	
Relationship to child:	
Home telephone:	
Mobile number:	

### **3<sup>rd</sup> Contact**

Name of adult:	
Relationship to child:	
Home telephone:	
Mobile number:	

### **4<sup>th</sup> Contact**

Name of adult:	
Relationship to child:	
Home telephone:	
Mobile number:	

***Your child must be collected ONLY by adults who are listed in these Emergency Contact Details.***

# AFTER SCHOOL CLUB

## MEDICAL DETAILS

Name of doctor:

Doctor's Surgery  
Address:

Doctor's telephone:

## ADDITIONAL LEARNING NEEDS

My child *\*has/has no* Additional Learning Needs.

Please give details:

My child ***\*has / has no*** medical conditions/allergies/dietary needs.

Please give details:

- ☐ I give consent for my child to take part in off-site visits (i.e. local walks with a staff: child ratio of 1:8)
- ☐ I give consent for my child to take part in food tasting activities



# AFTER SCHOOL CLUB

## Bookings

Please circle the days and sessions you want your child to attend.

<b><i>Monday</i></b> <b><i>1 hour / 2 hours</i></b>	<b><i>Tuesday</i></b> <b><i>1 hour / 2 hours</i></b>	<b><i>Wednesday</i></b> <b><i>1 hour / 2 hours</i></b>	<b><i>Thursday</i></b> <b><i>1 hour / 2 hours</i></b>	<b><i>Friday</i></b> <b><i>1 hour</i></b>
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The date that I want the sessions to start is:	
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Parent/Carer signature:	
Date:	