

Welbourne Primary School  
Stainby Road, London N15 4EA

School phone 020 8808 0427  
fax 020 8493 1168  
Playcentre Phone 020 8808 1818



Headteacher Mr R Lane  
Deputy Heads Ms J Stone  
Ms C Ejiogu

www.welbourne.haringey.sch.uk  
admin@welbourne.haringey.sch.uk

## **After School Club Contract 2023 - 2024**

### **Terms and Conditions**

- **Cost for After School Club is £11.00 per day, £55.00 per week. If your child is absent for any reason you will still be charged for their place at After School Club not their attendance.**
- All payments for After School Club have to be made in advance when registering your child.
- If you are more than 2 weeks in arrears and have not made an arrangement with the school office to clear the arrears your child's place will be removed from After School Club with 5 days' notice.
- **You need to inform the school office in writing only with 1 weeks' notice if you wish to remove your child from After School Club. Failure to do so will result in you being charged and no refunds will be given.**
- Children attending After School Club are collected from the school at 3.30pm and are escorted to The Playcentre. Children have to be collected by 6pm promptly; failure to do so regularly will result in the After School Club manager contacting Haringey Children's Services.
- Collections after 6pm are charged at £10 per 15 minutes.
- Only a responsible adult above the age of 18 can collect children from the After School Club.
- Children attending After School Club will have to adhere to the Schools Behaviour Policy.
- Food will be served in accordance to the schools healthy eating initiative.
- If your child suffers with an allergy or medical condition, After School Club Staff will follow the schools care plan for your child.
- The school accepts all childcare vouchers. Please speak to a member of the office team

I would like my child to have a place in the After School Club on the following days

Monday	Tuesday	Wednesday	Thursday	Friday

Childs Name \_\_\_\_\_

Class \_\_\_\_\_

Date Commencing \_\_\_\_\_

Allergies; \_\_\_\_\_

*Please note After School Club will follow the schools care plan.*

Medical Condition; \_\_\_\_\_

*Please note After School Club will follow the schools care plan.*

I have read and agree to the terms and conditions of this contract.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office use only*

Place allocated	Y/N
Copy of contract given to parent	Y/N

Name of Child; \_\_\_\_\_ Class; \_\_\_\_\_

**Emergency Contact Information (Please provide 3 contacts)**

**This information is kept at the After School Club and used in an emergency.**

Name	Relationship to Child	Telephone Number	Distance to the school

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