



St James's Church of England Primary School

Headteacher: Mrs N Sefton
Kingsway, Wollaston,
Stourbridge,
West Midlands,
DY8 4RU.
Telephone 01384 818810.

ST. JAMES'S OUT OF HOURS CLUBS PARENTAL CONTRACT

I wish my child to be enrolled in Breakfast Club / After School Club, and I have completed the Enrolment form overleaf.

The fees are as follows:

Provision	Time	Days available	Cost per Session
Breakfast Club	7.45am until 8.45am	Monday to Friday	£4.50
Afterschool club session 1	3:30pm until 4:30pm	Monday to Friday	£4.50
Afterschool club session 2	4:30pm until 5:30pm	Monday to Thursday	£4.50
Friday After school club Session 2	4:30pm-5:00pm	Friday	£2.50

I agree to make my booking at the beginning of each month, by completing the booking on the School Spider App. I will make monthly payments (at the time of booking).

Vouchers will also be accepted, by prior agreement. Places will only be secured if payment is made at the time of booking.

All communication will be made via email to outofhours@st-james.dudley.sch.uk, and, in order to amend a booking within 24 hours, the school telephone number 01384 818810, or 07990 286859 between 7.30am and 8.30am and between 3.30pm and 5.30pm.

I understand that fees will be waived if my child is ill and unable to attend school, but I will still be charged the daily cost if I have booked a place but my child does not attend for any other reason, and I have not cancelled the session on School Spider. Cancellations can be made **up to 24 hours before** the booked session.

I agree to collect my child from the Club within the Club hours and I understand that failure to do so, within 10 minutes of the closing time, will incur a late charge of £10.00, which must be paid before any further bookings will be taken.

Children will be brought to the gate by a member of staff to be collected by their parent/carer at the end of the booked session and signed out by staff.

I agree to keep O.O.H.C. leaders up to date with medical information and emergency numbers regarding my child.

The Leader in charge reserves the right to temporarily, or permanently, suspend a child from the clubs in the unlikely event of persistent misbehaviour.

I hereby give my permission for my child to be taken for emergency treatment to a doctor or hospital.

No out of hours provision will be open on INSET Training days.

Signed: _____ Date: _____

Email: outofhours@st-james.dudley.sch.uk Website: www.st-james.dudley.sch.uk



ST. JAMES'S OUT OF HOURS CLUBS

Child's full name:	Date of birth:
Address:	
Home telephone number:	
Main carer name	Main carer contact number:
Email Address:	Relationship to child:
Second carer name:	Second carer contact number:
Second Carer Email Address:	Second carer relationship to child:
If neither parent/ carer can be contacted, please give details of someone who can be contacted in case of an emergency i.e. Grandparents, neighbour or friend	
Emergency contact name:	Emergency contact telephone:
Relationship to child:	Address:

Medical information:

Doctors name and surgery address:
Telephone number:
Child's NHS number:
Has your child any known allergies or recurring illnesses that need emergency medication? Asthma, Epilepsy etc?
Details of any prescribed medication:

Are there any foods or drinks which must not be given due to health or religious reasons?
Any other information you wish to share about your child?

Parent/Carer signature _____ Date _____

Email: outofhours@st-james.dudley.sch.uk

Website: www.st-james.dudley.sch.uk



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