



**Amblecote Primary School**  
**Breakfast/After School Club – Parental Contract**

I wish my child to be enrolled in the Amblecote Breakfast/After School Club.

**Name of child**..... **Date of birth** .....

**Address** ..... **Telephone number**.....

.....

Please circle below which sessions you wish your child to attend.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
7.30am/7.45am / 8.15am	7.30am/7.45am / 8.15am	7.30am/7.45am / 8.15am	7.30am/7.45am / 8.15am	7.30am/7.45am / 8.15am
4.30pm / 6.00pm	4.30pm / 6.00pm	4.30pm / 6.00pm	4.30pm / 6.00pm	4.30pm

I agree to weekly or monthly payment in advance by monthly voucher scheme or online payments. **Please circle.**

I understand that all absences will be charged at full price, including illness.

I understand that the holding fee will be required if my child attends an extra-curricular club.

I understand that I must notify club myself of all illness, absences and if my child is attending an extra-curricular club.

I agree that if my child is absent for 2 weeks or more without notification my child’s place will automatically be given to a child on the waiting list.

I agree to collect my child from After School Club at the appropriate times. I understand that failure to do so will incur a charge of £30.00.

I agree to give advance notice if I require an additional session or if a session is not required.

No children will be allowed to meet parents at the school gates. They must be collected and be signed out at the end of the session.

I agree to keep the club up to date with medical information and emergency contact numbers regarding my child.

September 2026

Half a term's notice of a termination of contract or reducing of days is required in writing.

The co – coordinator of the club reserves the right to temporarily suspend a child from the club in the unlikely event of persistent misbehaviour and as a last resort, the Head teacher and the Governing body would review the child's place.

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

I have read and signed the Out of School Club Terms and Conditions and I agree to adhere to them.

Signed .....

Club coordinator signed .....

Date .....

Date .....