

07908 664 676



Marnhull
After
Schools
Club

Regd OFSTED #EY2907996

[part of Zeals Afterschools Club CIC]

"A home that you would like your child to have"; ages 5 - 11 years

AT ST GREGORY'S SCHOOL

BOOKING FORM for Child (name).....

Please fill in & return pages 1 - 7 to **MASC, St Gregory's School**
Marnhull

Please return to: marnhullafterschoolsclub@gmail.com

DATES:	From	To
TIMES:	From	To
CHARGE PER SESSION:	(see Page 2) £	

Please indicate which days you wish your child to attend MASC (term time only)

WEEK / DATE	MONDAY	TUESDAY	WED'SDAY	THURSDAY	FRIDAY
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					
Week 9					
Wk 10					
Wk 11					
Wk 12					

Number of sessions	
Total cost	
Signed	
Date	

The MASC at St Greg's

Regd Ofsted # EY2907996

[Zeals Afterschools Club CIC]

Insured with:

Access Insurance, Croydon

FEES

Fees are a per session rate and include collection/transport:

3.15 - 5.00pm - £13.50

5.00 - 6.00pm - £4.00

[PLEASE NOTE: using vouchers takes 20% off all prices above]
(If you book split hours after 5 pm please add £1.50 for every 20 minutes
or part thereof)

OVERTIME - attendance after contracted time £1.00 per minute

Pay day (1st day of term or monthly in advance) please to:

ZealsAfterschoolsClub

Cheque or bank transfer to

Sort Code: 30-93-45 Acc. no: 00219348

CHARGES FOR ABSENCE

Absence due to child/parent's sickness - normal rate applies

Absence due to staff sickness - no charge

Absence due to Teacher Training Days - no charge

NOTICE

Notice required for holidays (on both sides): Four weeks

Notice required for termination of this contract: Four weeks or full fee in
(on both sides) lieu of notice - this applies to
both minder and parent

Signed by parent

Date

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Marnhull After School Club PARENT CONTRACT/Registration Form

(All information is for internal use only & will remain strictly confidential)

Name of the Club: The MASC (Marnhull Afterschool Club)

Address: St Gregory's C of E School, New St, Marnhull DT10 1PZ

Open every school day Monday - Thursday 3 - 6 pm

Friday 3 - 5 pm

Telephone 07908 664 676

Name of child in full.....D O B...../...../.....

Name to be called..... School attends.....

Name of parent

Address

.....

Telephone numbers.....

Email

Name of person responsible for payment

Date arrangement is to commence.....

Hours/Days..... Frompm to.....pm

Special dietary needs

Signed by parent

Date

The MASC at St GREG'S

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[Zeals Afterschools Club CIC]

Please sign either Part A or Part B below

A - I agree to my child taking part in ALL club activities, briefly described above

Signed..... Dated.....

B - I agree to my child taking part in some of the activities with the following exceptions: (medical concerns; religious beliefs; personal preference etc)

.....

Signed..... Dated.....

I consent to any necessary emergency medical/first aid treatment to be administered to my child during the running of the Club:

Yes / No (delete as appropriate)

Signed..... Dated.....

I have read the '**ZAC policies sheets**' and agree to their use in respect of my child:

Equal opportunities, Special Needs, Grievance, Partnership, Health & Safety, Security and Club Discipline

Signed..... Dated.....

I understand it may be necessary to share information with other agencies (eg for safeguarding). I understand that this will only be done if absolutely required, and such information will be treated with the highest confidence

Signed..... Dated.....

Data Protection Regulation: I agree that ZAC CIC can retain my email and hereby give my permission for you to contact me.

Signed.....

The MASC at St GREG's

(Zeals Afterschools Club CIC)

Photograph Permission Form

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At [Zeals Afterschools Club CIC](#) we take the issue of child protection very seriously. We will never knowingly publish an image of your child without your consent.

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

(please tick for consent)

- ☐ Electronic and printed displays and exhibitions at the Club (eg photos of activities)
- ☐ Observation and assessment
- ☐ Website for Club/Facebook Page
- ☐ Promotional material for the Club
- ☐ Other
- ☐ I understand that personal details or names of any child in a photograph will never be given in such a way that would allow each to be identified.

I understand that this image will NOT be used for anything which may be viewed as negative intone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Signed: Date:

Mini Bus Rider form

All information is for holding on our Mini Bus & is only for use in emergency

MASC offers mini bus collection from schools.

Please fill in this form if your child is to be collected by us.

This form will be laminated and kept on the bus at all times so that, in event of any emergency, our driver or chaperone will have contact details to hand.

Please complete one form per child

Child's name in full:		
Name to be called:		
Medical Issues/Allergies:		
D O B	Day	Month Year
Parents' telephone numbers where you may be contacted		
	Mother	Father
Daytime		
Evening		