

**Before School Club**

I would like my child to be added to the ‘Before School Club’ Register organised by Set Your Sights at Little Plumstead Primary School.

Name of Child:……………………………………………………………………………

Child’s Date of Birth:……………………………………………………………………..

Child’s Class:……………………………………………………………………………..

My child has the following medical conditions/ allergies:

…………………………………………………………………………………………………

…………………………………………………………………………………………………

My child has an asthma inhaler at school YES/ NO

Name of Parent/ Carer ……………………………………………………………………..

Contact Numbers:

Mobile Number:…………………………………………….

Work Number:………………………………………………

Home Number………………………………………………

Other Emergency Contact:…………………………………

Email Address ………………………………………………

**The club runs from 7.50am - 8.50am and is £4 per session**

**I would like my account credited to the amount of £ (£12.00 minimum)**

I enclose a cheque made payable to ‘Set Your sights’ for this amount or BACS payment to the below details.

Reference: LPBC (Child’s Name)

Account Number: 01196702

Sort Code: 30-96-17

Please email any bookings you would like to make to setyoursights@live.co.uk

I understand that this agreement is between Set Your Sights and myself as a parent of pupils at Little Plumstead Primary School only.

I understand that if there is insufficient demand or circumstances change Set Your Sights reserve the right to close the Club at any time by giving one term’s notice to parents and Little Plumstead Primary School will not be obliged to provide a similar service in the event of Set Your Sights closing the Club.

I understand that breakfast and drinks are not included but I can provide my child with a healthy snack to eat during the session if I so wish. I shall ensure my child has a bottle of still water each day.

I agree **NOT** to use the school car park when dropping off my child and will use the school’s footpaths to access the school hall where the club will take place. I shall ensure that any other adult dropping off my child(ren) will also comply with this undertaking.

I allow / do not allow (please delete as appropriate) Little Plumstead Primary School and Set Your Sights to share and discuss information about my child relating to the following areas:

* Child Protection
* Special Educational Needs (SEN)
* Behaviour Management
* Management of account including payment and emergency contacts
* Access to medical information and medicines

I also give / do not give (please delete as appropriate) Set Your Sights permission to contact me with regards to my registration and account

Signed: …………………………………………………… Date: …………………...

Name of Parent: ……………………………………………………