



**TREETOPS WRAP AROUND CARE REGISTRATION PACK 2025 - 2026**

**Child/ren's Details:**

Name:	Date of Birth:	Year Group:

I wish to register my child/ren above for Breakfast Club and/ or afterschool provision, for the regular sessions detailed below, for the 2025 - 2026 academic year (please tick):

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast Club</b>					
<b>After-school</b>					

<b>Short Notice (Adhoc) bookings</b> Please note: adhoc / short-notice bookings can be made via Arbor or by contacting the school office. <b>Bookings will only be made if we are still within the required staff/ child ratio</b>	
---	--

**Please book my child/ren in for the days and times indicated above. I will let the school office know in advance if my child will not be attending. I understand that the school cannot give refunds for any sessions that I have booked which my child does not attend – unless your child is absent from school ill or sessions are cancelled in line with the Parent Agreement / Terms and Conditions.**

**About Your Child/ren:** (please see overleaf for information if more than one child)

<b>First Child's Name:</b>	<i>Where relevant, please detail...</i>
- any additional and/ or special educational needs:	
- any medical needs (including details of any medication)	
- any allergies:	
- any dietary requirements:	
Any additional information:	



<b>Second Child's Name:</b>	<i>Where relevant, please detail...</i>
- any additional and/ or special educational needs:	
- any medical needs (including details of any medication)	
- any allergies:	
- any dietary requirements:	
Any additional information:	

<b>Third Child's Name:</b>	<i>Where relevant, please detail...</i>
- any additional and/ or special educational needs:	
- any medical needs (including details of any medication)	
- any allergies:	
- any dietary requirements:	
Any additional information:	

<b>Fourth Child's Name:</b>	<i>Where relevant, please detail...</i>
- any additional and/ or special educational needs:	
- any medical needs (including details of any medication)	
- any allergies:	
- any dietary requirements:	
Any additional information:	



**Parent/Carer Details:**

Name:
Home Address:
Telephone Number:
Work Address:
Work Telephone Number:
Mobile Number:
Email Address:

Name:
Home Address:
Telephone Number:
Work Address:
Work Telephone Number:
Mobile Number:
Email Address:

**Alternative Emergency Contact Details:**

(Please provide details of at least two other people we can phone if we are not able to contact you)

Name:	Relationship to Child:	Mobile Number:
Address:		Other Telephone Number:

Name:	Relationship to Child:	Mobile Number:
Address:		Other Telephone Number:

**Details of Child's Doctor/Surgery:**

Name of Doctor:	
Address of Surgery:	Telephone Number:

**Childcare Vouchers / Government Tax Free Vouchers**

I will be paying by Childcare Vouchers / Government Tax Free Vouchers Yes / No (please delete as applicable) If yes, then please give the name of your provider below so that we can supply you with our registration details / or register with them if they are a company we are not registered for already.

**Childcare Voucher Provider :** \_\_\_\_\_



**Parental Consent / Agreement**

- I consent to my child attending Treetops wrap around care club. I understand that the club has policies and procedures and there are expectations and obligations relating to the conduct of myself and my child and I agree to abide by them.
- I understand that failure to do so will mean that my child will no longer be able to attend the club.
- I understand that my child will be provided with breakfast in the morning and a snack and drink after school, unless otherwise requested.
- Once my child is delivered / collected for breakfast / after school club he/she will be in the care of the staff until collected by a 'named' responsible adult.
- I give permission for a member of staff to administer appropriate first aid if required.
- I give permission for a member of staff to seek any necessary emergency medical advice or treatment, in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.
- I will inform the school office if my child will not be attending the before or after school care on a day that he/she is booked in, giving as much notice as possible.
- I know that I will be charged for any booked sessions that my child does not attend that are not cancelled in line with the terms and conditions below, unless cancelled due to being absent from school due to illness.
- I accept that whilst at the club, my child may get involved in messy activities.

**Terms and Conditions:**

1. I understand that persistent late or non-payment of fees will result in a place being withdrawn.
2. I understand that cancellations will be reviewed and due to demand we have the right to withdraw an application should regular cancellations take place.
3. If my child is not collected by 6:00 pm / 5.30pm on a Friday, I will pay a charge of £10 per quarter of an hour to cover the cost of the staff required to stay to supervise my child.
4. If my child is not collected from Afterschool Club, after staff doing everything possible to contact parents and emergency contacts, then I understand that staff will be legally required to contact Children's Services and the Police.
5. I understand that staff cannot be held responsible for any lost or stolen items.
6. I understand that should there be any incidents, in either Treetops' Breakfast or Afterschool provision involving my child, I will be informed of the situation by a member of staff.
7. I understand that school policies and procedures apply to Treetops wrap around care.
8. I confirm that the information given on this form is correct and agree to notify the school of any changes in detail.
9. I understand that I have to give **four term time weeks notice** if I wish to amend / cancel my bookings. There is no guarantee that the school will be able to accommodate your request.
10. I understand that due to the demand for places I may be placed on a waiting list until space is available.
11. I know that I will be charged for any booked sessions that my child does not attend that are not cancelled in line with the terms and conditions above ( point 9), unless cancelled due to being absent from school due to illness
12. I have read, understood and by signing this form, accept the above terms and conditions for my child/ren attending Treetops Breakfast/Afterschool club

I give permission for the named child/ren to:	
▪ Play in the school grounds with supervision	<input type="checkbox"/>
▪ Take part in individual & group photographs	<input type="checkbox"/>
▪ To be present in photos used for promotion on the school website/newsletter	<input type="checkbox"/>

Signature of Parent/Carer.....

Date.....