



# St Mary Magdalene Catholic Primary School

## After School Club 2024/25

### Booking Form

#### IMPORTANT PLEASE READ

Dear Parents/Carers

We need to make sure our records are completely up to date in After School Club. Therefore in the new year or if you are new to ASC we need you to fully complete the back of this booking form. This is to keep your child safe.

Can you make sure you list all people authorised to collect you child, any allergies your child may have along with specific dietary likes/dislikes. To enhance their experience of ASC it would be good to know of any favourite hobbies/toys they have.

Please ensure any payments made by vouchers are supported by a hard copy.

Regards

Mrs Swaby Mrs Cunliffe

Name of Child/ren: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Please tick the boxes in the table below to indicate which sessions your child/ren will be attending.

Week commencing	Monday	Tuesday	Wednesday	Thursday	Friday	STAFF USE TOTAL
06/01/25						
13/01/25						
20/01/25						
27/01/25						
03/02/25						
10/02/25						

#### Staff use only

Date	Payment	Balance	Date	Payment	Balance

From September 2024—  
August 2025

Annual registration fee  
£10 per family per year.

Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Amount carried forward  
from last term:

This booking form must be completed and returned to **Tracey** or **Janice**. Please give 24 hours notice where possible.

The fees per full session are currently **£10.00**, a short session **£4.50**. Late collections after 6pm are charged at **£5.00 per 15 minutes**. Please ensure ALL monies are paid in advance or on collection of your child.

Cancellations cannot be refunded. Ofsted Number : **010483**

**IMPORTANT: Please complete contact information overleaf**

**Please complete the information below:**

In case of an emergency please list the relevant contact details below:

Name	Telephone number 1st	Telephone number 2nd	Relationship

Persons authorised to collect your child (must be over 16 year of age)

Name	Telephone number 1st	Telephone number 2nd	Relationship

Please give details of:

Any dietary requirements your child may have:	
Any allergies your child may have:	
Any other information to ensure all your child's needs are met:	

In the case of an emergency if staff cannot contact the relevant persons above I give permission for staff to act In loco parentis (in place of the parent).

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Please note the school is secured and locked for the night at 6.00pm. It is imperative your child is collected promptly as late collection charges will apply.**

We look forward to seeing you soon.