



## PARK HILL EXTENDED DAY CONTRACT

PARK HILL JUNIOR SCHOOL  
STANHOPE ROAD  
CROYDON  
SURREY  
CRO 5NS

### **Contact details for Extended Day Services:**

**Email Address:** [extendeddayadmin@phjs.foliotrust.uk](mailto:extendeddayadmin@phjs.foliotrust.uk)

**Contact Number:** 07776 491 528

## After School Club Provision Contract

Park Hill Extended Day is run by staff employed through Park Hill Junior School. The After-School Club accommodates 39 School aged children from 5-11 years old.

At Park Hill After School Club we provide a happy, caring environment for children to relax. Children have the option to do their home learning, take part in activities such as arts & crafts, sports and reading.

Children attending Park Hill Infant School will be brought to the Junior School refectory by a member of staff from the Infants school when school finishes.

Children from Park Hill Junior School will go straight to the After-School Club when school finishes.

A light meal/ snack is provided for the children which is followed by them choosing an activity from the above list.  
Activities will vary from day to day.

### **AFTER SCHOOL CLUB OPENING TIMES: MONDAY TO FRIDAY END OF SCHOOL DAY UNTIL 6.00PM.**

All children must be collected by a parent/carer (over 16 years of age) by **6.00pm** at the latest. If you are unable to arrive at the club before 6.00pm please make arrangements for someone else to collect your child. If you do not pick your child up by this time, there will be a late charge collection of **£2.00 for every minute your child has to stay beyond 6.00pm** (*this charge is per child*). **The charge must be paid before your child's next session.** This charge is to cover the costs of staff because they will have to work beyond 6.00pm.

If you are encountering any problems getting to the after school club before 6pm, maybe due to severe traffic or train cancellations, please call the school and we will look after your child, however, the fee will still need to be paid as staff will have to stay after their usual working hours.

If you are late 3 times within a term you will be given a notice period of one week and your child/ren will cease to attend the After School Club.

**Persistent late collection from the club may result in your child/ren losing their place at the After School Club.**

## **Price Details**

**Breakfast Club- £3.50 Per Session**

**After School Club- £14.00 Per Session**

**All payments must be made a term in advance** and should be made via ParentPay unless you pay by childcare vouchers. **No cash or cheques will be accepted.**

**Please note that children will NOT be allowed to attend unless their ParentPay account is in credit.**

One week's notice is required to cancel a place. In an emergency for instance, hospitalisation or serious circumstances please text **07776 491 528**, to inform the school at 24 hours' notice. This is because we operate a waiting list system.

# **APPENDIX**

## **SAMPLE ACTIVITY PROGRAMME:**

We offer a good range of activities for the children to participate in and they can choose what they want to do from the activities that are on offer.

- Reading
- Arts and Crafts
- Board Games
- Puzzles
- Colouring
- Structured Sports
- Homework sessions
- Games in the hall
- Playing on the field

**Structured Sports include:** Football, Kwik Cricket, Short Tennis, Badminton, Rounders, Basketball, Table Tennis.

**Arts and Crafts include:** Mask Making, Clay Modelling, Painting, Sewing, Collage, Cutting and Sticking.

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## **POLICIES AND PROCEDURES**

The successful running of the club and wellbeing of your child is dependent upon parents supporting the staff at all times. Particularly over matters such as challenging behaviour and prompt notification of absences.

We ask that you support these services so they remain financially viable.

## **STAFFING**

Staffing is based on a ratio of one adult to thirteen children and there are always three members of staff on duty. All members of staff have childcare experience and are DBS checked.

## **MEDICAL ATTENTION**

In the event of your child needing urgent medical treatment and you or your named emergency contact are not available, in signing this contract it is understood that in an emergency medical situation you give authority to the member of staff accompanying your child to give permission for any medical treatment a doctor considers necessary.

## **EQUAL OPPORTUNITIES POLICY**

We are committed to active promotion of equal opportunity. The aim of this policy is to ensure that nobody is discriminated against because of race, colour, ethnic and cultural origins, sex, marital status, sexual orientation, roles as carers, disability age or religion.

## CHILD PROTECTION POLICY

By law, we are obligated to take action if we suspect a child may be suffering from abuse by reporting it to the Designated Safeguarding Leader of Park Hill Junior School or if they cannot be reached, the Local Authority.

Our concern first and foremost is for the child. Any action that may be considered necessary, (contacting social services) will be dealt with in as sensitive and confidential manner as circumstances allow.

All our staff have had relevant DBS checks with regards to working with children.

## COLLECTION OF CHILDREN AT END OF A SESSION

When collecting your child/children, please ring the After-school buzzer, proceed to the brown gate across the car park and into the playground and a staff member will bring your child/ren to you. If somebody other than the appointed person from registration will be collecting your child, please inform us via text including a collection password/code.

**As stated above, all children are expected to be collected by 6pm the latest by a named known adult over the age of 16.**

## COMMUNICATION

- Please use the PHJS website for information — [www.phjs.co.uk/parent information/extended day](http://www.phjs.co.uk/parent%20information/extended%20day)
- Please provide an email address on the registration form. .
- Text **07776491528** from the hours of 7.30am to 8.30am or call between 4pm and 5:30pm.

## IMPORTANT INFORMATION

- ❖ Please notify the school via extended school day admin manager of any changes to your address and telephone number at (home or work) so you are contactable in an emergency.
- ❖ Please keep the extended day team informed of any changes in your child's health, medicines taken or home circumstances which could affect their behaviour or welfare whilst at BC OR ASC.
- ❖ Should your child not be collected all efforts will be made to contact **you or your nominated emergency contact on your registration form.**
- ❖ If we are unable to contact you or your emergency contact, then staff may have to contact the **Duty Social worker** and your child will be left in their care until they are collected.
- ❖ Any child who is consistently disruptive and requires unreasonable attention of staff or spoiling the fun for the other children will not be allowed to attend. **No refund or fees will be given.**
- ❖ Sweets, toys, jewellery or money are NOT allowed at the club. Staff will take no responsibility for loss or damage to valuables or clothing. Should any child be involved in wilful or malicious damage to the school's property, their parents will be asked to contribute to some or all of the cost of repair/replacement.
- ❖ Admission/booking is based on a first come first served basis. Once we reach our full capacity, we cannot offer any more places.
- ❖ Children **are NOT** allowed to leave the club on their own.
- ❖ Children **are NOT** allowed to leave the club with anyone under 16 years of age.
- ❖ Children who are unwell or infectious will not attend the club. If a child falls ill whilst at After School Club, the parent/carer responsible will be contacted to collect the child. No refund of fees will be given.

## **COMPLAINTS PROCEDURE**

If you are unhappy in any way with the service we provide, in the first instance kindly speak to the Manager, Claire Smith.

If you are still unhappy with the outcome, kindly submit an email with your complaint to the Park Hill Junior School senior leadership team using the email: [phjssl@phj.foliotrust.uk](mailto:phjssl@phj.foliotrust.uk)

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### **FOOD OPTIONS AT ASC ARE AS FOLLOWS:**

<b>After School Club Snack Menu</b>				
Toast Beans/Spaghetti	Pasta Tuna/Cheese	Tortilla Wraps Choice Fillings	Crackers Choice Filling	Rolls Filling
Tortilla Filling & Salad	Pasta	Sandwiches	Soup & Bread	Crackers Choice Filling
Pasta in Sauce	Pasta	Toast Beans/Spaghetti	Tortilla Wraps Choice Filling	Sandwiches

**PARK HILL SCHOOLS AFTER SCHOOL CLUB**  
**REGISTRATION FORM**

*Please answer the questions below as fully as possible. All information will be treated in confidence.*

**Childs Surname:** \_\_\_\_\_ **Childs Forename:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**PARENT 1:**

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**PARENT 2:**

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**PLEASE TICK FIXED DAYS REQUIRED FOR THE SCHOOL YEAR**

(Or email [extendeddayadmin@phjs.foliotrust.uk](mailto:extendeddayadmin@phjs.foliotrust.uk) with your requirements)

<b><u>Afterschool Club:</u></b>	<b><u>Mon</u></b>	<b><u>Tues</u></b>	<b><u>Wed</u></b>	<b><u>Thurs</u></b>	<b><u>Fri</u></b>

<u>Breakfast Club</u>	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>

**HEALTH**

If your child has been diagnosed by a medical professional with any of the following, please indicate this by placing a tick in the relevant box (please tick all that apply):

Asthma	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Haemophilia	<input type="checkbox"/>	Sickle Cell Anaemia	<input type="checkbox"/>	Hayfever	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Other	<input type="checkbox"/>		

If you have ticked any of the above, please provide any additional details (i.e what symptoms to look out for, what to do in case of an emergency)

Does your child take regular prescribed medication for any of their diagnosed medical conditions? <b>YES/NO</b> (please circle)	If Yes, please provide details:
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In the event of an <i>emergency</i> , does your child have a prescribed medication which needs to be administered? <b>YES/NO</b> (please circle)	If Yes, please provide details:
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If your child has any <b>allergies</b> and/or <b>RESTRICTED</b> foods, please list them here:	Does your child have a prescribed EpiPen for any of their allergies? (please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>
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Has she/he had a tetanus injection in the last year? If so, date of injection known? _____	<b>YES / NO</b> (please circle)
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Doctor's Name:
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**GENERAL WELFARE**

Are there any circumstances at home that could affect the behaviour of your child? **YES / NO** (Please circle)

If yes, please provide details:

**SOCIAL WORKER**

Does your family / child have a social worker? **YES / NO** (please circle)

If yes, please provide details (optional):

**COLLECTION OF YOUR CHILD FROM AFTER SCHOOL CLUB**

Who will regularly collect your child?

Name:	Contact Number:	Relationship to child:
Name:	Contact Number:	Relationship to child:
Name:	Contact Number:	Relationship to child:

Is there any person who you do NOT want to collect your child or have contact with?

If yes, please provide their name(s):

**FIRST AID**

For some injuries (grazes or scratches) do you give permission for a qualified First Aider to use a mild antiseptic wash on the wound if necessary? (Savlon wound wash is generally used) **YES/NO**

Has your child ever experienced an allergic reaction when a plaster is applied to their skin? **YES /NO**

Do you consent to the use of plasters in your child's First Aid treatment if necessary? **YES/NO**

**DECLARATION**

I/We have read the contract and agree to the policies set out and understand the aims of the club and the services provided.

I/We agree that the child registered may attend all organised outings.



I/We agree that in an emergency if no one named on this form can be contacted that the child may be given whatever medical treatment a doctor considers necessary.

I/We agree that it is our responsibility to ensure that the club is notified (in writing) of any changes to the information given on this form.

I/We agree that once we have booked the days required we must pay for them regardless of whether or not our child attends.

I/We give consent for my child to be in photos taken by the club- Please Circle **Yes or No**

SIGNED: \_\_\_\_\_

(PARENT/CARER) DATE: \_\_\_\_\_

**Extended Day Services Phone Number : 07776491528**

**School office: 020 8686 8623**