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Headteacher: Mr C. Hodges



Cleves School
Oatlands Avenue
Weybridge
Surrey
KT13 9TS



Time: 3.15 - 6.00 pm
Mobile: 07703 565982
email: gapclub@cleves.co.uk
Manager & DSL : Helen Beavis

Thank you for your enquiry and welcome to Cleves after-school 'GAP Club'. We're delighted you're interested in signing your child up to become part of our GAP community.

Our commitment is to provide a safe, fun, happy and caring environment that delivers a welcome release for children from the hard working school day, while respecting the ethos and expectations of Cleves School.

It's this commitment that lies at the heart of everything we do and it's how we measure our success and quality of service to ensure we're keeping it fresh and exciting.

It's also been the driving force behind the formation of the 16-strong playworker team who makes this all happen and who bring a wealth of different skills and experience to ensure a well-rounded experience for the children.

If you would like to sign-up please find enclosed the registration forms which should be returned, together with the fee, via the school reception. We will confirm the availability and your child's start date when the forms are received.

To give you some idea of how it works the children meet up in the Dining Hall/Atrium, have time to unwind, relax and play. There are many fun things to do, such as outside free play, craft activities, board games, ICT, DVDs, free drawing and games room. There is provision for the children to do their homework if they wish, with help on hand if needed.

Whilst at GAP children can help themselves to drinks throughout the session and there is a snack provided.

GAP Club - Booking Form

Child's Name: D.O.B Class:
.....

Address

Please tick the days you require From.....

Monday	Tuesday	Wednesday	Thursday	Friday

Does your child attend any after-school clubs on that/those day/s that we should be aware of. If so, what and on what days?

.....
.....

Please note that every child must sign-in to GAP after school. A GAP Playworker will take children to and from their clubs.

Cost : £14.00 per session - includes refreshments Duration: 3.15 p.m. – 6.00 p.m.

Please be prompt in picking up your child from the atrium as there is a **surcharge** of £10.00 for first 15 minutes and subsequent 15 minutes for any late pick up. (The school is locked up at 6.00 p.m.) Please refer to the Terms and Conditions..

Please enclose registration fee of £5.00 cash/cheque. (Cheques made payable to Cleves School)

For any further information please contact: the GAP Club Mobile after 3.45pm - **07703 565982**

I confirm that I have read the Terms and Conditions of the GAP After School Club.

Signed _____ Parent/Guardian Date _____

For office use only:

£5 Deposit enclosed Cash/Cheque Date.....

The GAP After School Club Care Information/Photography Care Information

for:.....
D.O.B...../...../.....

Please give details of any allergies, illness, dietary restrictions etc:.....
.....

Doctor's Name Surgery

Medication:

(Please give dose, frequency and product name)

I will notify the GAP of any specific medication which may need to be administered to my child, and understand that I need to complete the consent form.

Photography: It is a legal requirement that we request your permission to photograph your child whilst they are attending GAP. We may wish to take photographs for display purposes, craft and for our own album.

I agree to my child being photographed for the above purposes whilst attending GAP.

Parent/Guardian
Date...../...../.....

GAP Contract of Agreement

The parent(s) of any child attending the project should have read and understood the 'Terms and Conditions' before signing the following declaration.

1. I undertake to explain all appropriate statements to my child and emphasise the importance of abiding by those statements.
2. I understand that should I, my child, or any person nominated to attend the project on my behalf contravene any of those statements; it could result in any of the persons being expelled from the site, and/or the club. Should this occur, I understand that any monies paid **will not be refunded**.
3. I understand that any decisions made by the organisers will be final.
4. I understand that GAP club require a half term's notice in writing, if I wish to terminate my child's place.
5. I have read, understood and accept all statements made in the 'Term and Conditions', I would like my child to be accepted to The Gap After School Club.
6. I consent to PG-rated movies being viewed at Gap Club.

Signed: _____ Print Full Name _____

Name of Child: _____ Date: ____/____/____

GAP Consent Form Permission for Emergency/Operative Treatment

In an emergency, when a parent's attendance cannot be immediate, it is sometimes necessary to obtain treatment for a child from a Doctor or a Casualty Department of a Hospital. As delay in these circumstances is highly undesirable, we would ask that you give your consent below in case such an emergency should unfortunately arise. In the event of sudden illness or accident affecting my child, if recommended by a doctor, I agree to emergency treatment, including operative treatment and/or administration of a general anaesthetic to my child.

Signed : _____ Parent/Guardian

Date ____/____/____

GAP After School Club Terms and Conditions

1. Children must be collected at the agreed time. Late pick-ups, after 6.00pm, will be charged £10 per child, as an extra payment, for the first 15 minutes and £10 each per unit of 15 minutes thereafter.
2. If your child is not going to attend on a designated day, written notification or a text message via the GAP mobile must be given before or on the morning of the day in question.
Mobile –07703565982. Messages picked up at 3.00 p.m. Please add the GAP mobile number to your contact list.
3. Should arrangements be made at anytime for another adult to collect a child, the Supervisor must be informed and where possible, introduced to the nominated adult. This needs to be put in writing, giving nominated name etc.
4. Adults collecting any child must present themselves to a member of staff before signing the child out and escorting them from the site.
5. There will be no deduction in your payment in respect of GAP if your child is off for any reason; i.e. playdate, school trip, Residential visit, dentist etc.
6. Unless it is requested or optional as part of any activity, children should not bring any toys, games or valuable items to the site - nor should they bring any money.
7. Children must be appropriately clothed for participation in all activities, taking account of seasonal weather conditions, especially for outside play.
8. Behaviour by any person 'on-site' considered by the organisers to be unacceptable and inappropriate will not be tolerated. These include: smoking, alcohol, drug/solvent abuse, bad language, or any other situation which could cause disruption and/or distress.
9. Continuous disruptive and unacceptable behaviour by any person (adult or child) will be reported to the Supervisor/Head Teacher. This will be followed by discussion with other staff and the person(s) concerned.
10. Respect for, and proper use of, all property, equipment and the premises is essential and must be maintained by all (child or adult) at all times.
11. All information exchanged by any person involved with the GAP Club must be kept strictly confidential.
12. The success of GAP Club depends on cooperation and sharing between all those involved. Parents should address any comments they wish to make to the Supervisor.
13. Should you wish to terminate your contract then you must give half a term's written notice to GAP club.
14. Please only apply for a place at GAP Club once you have written confirmation that your child has been given a place at Cleves.

GAP Club - Child Information Form

YOUR CHILD (a separate form must be completed for each child)

Full Name..... Preferred Name.....

Home Address.....

Age..... Date of Birth.....

PARENT/GUARDIAN	PARENT/GUARDIAN
Name	Name
Relationship	Relationship
Company/Organisation	Company/Organisation
Telephone/Mobile	Telephone/Mobile
Email	Email

CONTACTS IN CASE OF EMERGENCY (Other than the Parent/guardian named)

Name	Name
Relationship	Relationship
Address	Address
Telephone	Telephone

COLLECTION ARRANGEMENTS (the person named will collect my child)

Please give name and relationship e.g. guardian, grandparent, neighbour etc who will identify themselves and the child by providing information about the child e.g. date of birth.

Name..... Relationship.....

Address.....

Telephone.....

I agree to inform you in advance if the above arrangement for collecting my child is to be altered.

Signed.....Relationship.....