



ROOSTERS KIDS CLUB

Church View, Main Road, Gedling, Nottingham NG4 3HS

Angela Marriott [Mobile] 07966 322786

Pauline Postlethwaite [Mobile] 07977 172 264

Breakfast Club [Mobile] 07807 015899

INFORMATION SHEET

WHO ARE WE?

Roosters Out-of-School Club run a breakfast club After-School and a Holiday Club, based at the Carlton Children Centre, main Rd Gedling. Due to our successful bid for 'New Opportunities' funding in 2001 we are able to provide Quality, Affordable and very flexible service.

We are registered with Ofsted and are committed to providing a safe secure, reliable and fun environment for children aged 3 - 12 years.

We provide a variety of activities, our programme offers enriching, relaxing and fun-oriented experiences. It is our purpose to help children develop to the best of his/her individual ability and to provide an atmosphere in which a child can learn to grow and share.

WHAT DO WE DO?

Breakfast Club

In term time, we offer the children a healthy nutritious Breakfast. Whilst waiting to go into class we provide fun stimulating activities. Then the children are taken to class or relevant schools in time for their day to begin.

After School

In term time, we collect children from their respective schools and take them to Roosters. After registration, a light tea is provided, to fight off those post-school hunger pangs.

Holiday Club

During school holidays, we offer full-day care through an action-packed programme, including trips and visits, competitions, arts, crafts, sports and professionally led workshops.

Drinks are provided during the day, but a packed lunch is required.

OUR OPENING HOURS

- ◆ Breakfast Club 7:30am- until school begins
- ◆ After School 3:30am - 6:00pm
- ◆ Holiday Club 8:00am - 6:00pm

OUR COSTS

- ◆ Breakfast Club £6.00
- ◆ After School £8.50
- ◆ Holiday Club £21.00 Half Day £17.00

Note: There will be an additional charge of £8.50 for those arriving after 6pm. Please note we require 1 week's cancellation or the full fee will be come payable this includes unseen circumstances. If payments are not made at the end of each week a 10% charge will be added to your bill. All cheques incur a charge of 65pence.

FURTHER INFORMATION

Should you require any further information, wish to make a booking or arrange a visit to our club, please contact:

- ◆ Angela Marriott a.marriott4@ntlworld.com (Mobile) 07966 322786
- ◆ Pauline Postlethwaite (Mobile) 07977 172264

ROOSTERS KIDS CLUB

REGISTRATION AGREEMENT

Child's Name: Date of Birth: / /

Home Address:

.....
.....
.....

Name of school child attends; -----

1. Name of parent(s) with whom child lives

Does this parent have parental responsibility? Yes/No (delete)

Telephone [home][work].....[mobile]

Name & Telephone [Emergency Contact]

.Relation to child -----
.....

GP's Name & Address

.....
.....

GP's Telephone :

Health Visitors name:

.....

Persons Authorised to collect Child & relation to child Please note we will only allow authorised persons to take your child/children

1. Name ----- Relation to child -----

2. Name ----- Relation to child -----

3. Name ----- Relation to child -----

Note

Fees are payable in full, unless 1 weeks notice of cancellation notice is given.

Notice required and given is one month.

Signature:

Date:

ETHNIC ORIGIN

I consider the named child's origin to be :

- | | | | |
|-----------------------------|-----|----------------------------|-----|
| White - British | [] | Mixed- White & Caribbean | [] |
| Irish | [] | White & Black African | [] |
| Traveller of Irish Heritage | [] | White & Asian | [] |
| Gypsy/ Roma | [] | | |
| Any other white background | [] | Black or Black British | [] |
| Asian or Asian British | [] | | |
|] | | | |
| Indian | [] | Caribbean | [] |
|] | [] | | |
| Pakistani | [] | African | [] |
|] | [] | | |
| Bangladeshi | [] | | |
| Any other Asian background | [] | any other Black background | [] |
| Chinese | [] | | |
| Any other ethnic background | [] | | |

RELIGION

I consider the named child's religion to be:

- | | | | | | |
|--------|-----|-----------|-----|-------|-----|
| Hindu | [] | Christian | [] | Other | [] |
| Sikh | [] | Jewish | [] | None | [] |
| Muslim | [] | Buddhist | [] | | |

DISABILITY

I consider one or more of the following applies to the named child:

- | | | | |
|---------------------|-----|---------------------|-----|
| Learning Impairment | [] | Speech impairment | [] |
| Visual Impairment | [] | Physical Disability | [] |
| Hearing Impairment | [] | Any other | [] |

Learning difficulties

- | | |
|--|-----|
| Special Education needs | [] |
| Early Years Action / School Action Statement | [] |
| | [] |

LANGUAGE:

HEALTH

The named child has received the vaccinations and immunisations indicated below:

- | | | | | | |
|----------------|-----|---------|-----|------------|-----|
| Diphtheria | [] | Measles | [] | Polio | [] |
| Tetanus | [] | Mumps | [] | Meningitis | [] |
| Whooping Cough | [] | Rubella | [] | | |

Any special diet, allergies, health problems or anything that the staff should know about or be aware of concerning the named child:

Any prescribed medication [Including dose]

Parent/carers local trip consent form

Child's Name:

I,[parent/ carer of above named child] give my permission for him/ her to take part in local trips and organised by Roosters Before school, After School and Holiday Club, whilst under adult supervision. An additional form will be required for day trip or outings to be completed prior to outings.

Signature:

Date.

Parent/ carer

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Transport consent form

Child's Name:.....

I, [Parent / Carer of above named child] give my permission for Him / Her to Ride on Roosters minibus or staffs cars. Whilst being dropped off at school, picked up from School or on an outing organised by Roosters Kids Club whilst under adult supervision.

Signature:
(Parent / Carer)

Date:

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PARENT/CARERS PHOTOGRAPHS AND VIDEO CONSENT FORM

Child's Name:

I parent/carer of the above named child give my permission for him/her to take and be photographed and filmed for the purpose of Roosters after school and holiday club, Whilst under adult supervision.

All materials are locked away in a secure cabinet when not in use by the club.

Signature:

Date:

Parent/ carer:

Roosters Kids club
Parent / carers Emergency Medical
Consent Form

Child's Name;

Date of birth;

I Parent/carer of
above named child give my permission for members of staff of Roosters
Kids Club to administer first aid and/ or to authorise urgent medical
treatment, including surgery, as recommended by a doctor or dentist and
to proceed without delay for an acute condition or for the relief of pain.

Signature;

Full Name in Block Capital letters;
.....

Relation to child;

Date;.....