

DEREHAM CHURCH INFANT AND NURSERY SCHOOL



St. Withburga Lane
Dereham
Norfolk
NR19 1ED



Headteacher: Mrs Amy Futers
Chair of Governors: Mrs P Waller

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After School Club at Dereham Church Infant and Nursery School

24th June 2021

Dear Parents/Carers,

From September 2021, Dereham Church Infant and Nursery School will be offering an After School Club for pupils at our school and also those that attend Dereham Junior Academy.

Our clubs will be run by our school staff and will provide your child with a fun and safe environment in which to play and end their school day. We are able to collect your child from Dereham Junior Academy at the end of their school day.

If you select one of the options that includes snack/tea, our clubs will be providing nutritious, healthy food options.

If you would like to register your child/ren for a space could you please complete the attached registration form and return it to the School Office at Dereham Church Infant and Nursery School by Friday 2nd July with a £10 non-refundable deposit to secure your space.

You will then receive an invoice emailed to you approximately 1 week prior to the beginning of term. Our Breakfast and Afterschool Policy can be found on our website for all terms and conditions.

Our club will run at the following times and costs:

After School Club

- 3.05pm-4.00pm including a snack- £3.50 per session
- 3.05pm-5.00pm including a snack- £7.00 per session
- 3.05pm-6.00pm including a snack and tea- £10.00 per session

We have compared costs for other clubs offering this provision and feel that the costs are similar to those in our local area. If siblings are attending, we will offer a reduction of 50p per session for the second sibling. We will be able to accept Tax Free Childcare Vouchers for these sessions also if you are eligible.

Mrs Futers
Headteacher



Afterschool Club Registration Form



Dereham Church Infant and Nursery School

1st Child's Details

First name:	Surname:	Date of birth and current age:
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After School Club Sessions requested (tick pick up as required)

Monday	Tuesday	Wednesday	Thursday	Friday
4.00 pm	4.00 pm	4.00 pm	4.00 pm	4.00 pm
5.00 pm	5.00 pm	5.00 pm	5.00 pm	5.00 pm
6.00 pm	6.00 pm	6.00 pm	6.00 pm	6.00 pm

2nd Child's Details

First name:	Surname:	Date of birth and current age:
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After School Club Sessions requested (tick pick up time as required)

Monday	Tuesday	Wednesday	Thursday	Friday
4.00 pm	4.00 pm	4.00 pm	4.00 pm	4.00 pm
5.00 pm	5.00 pm	5.00 pm	5.00 pm	5.00 pm
6.00 pm	6.00 pm	6.00 pm	6.00 pm	6.00 pm

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No			(If yes, please provide details on separate sheet.)		

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (please provide full details)
Please detail any dietary requirements / food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

Signature of Parent/Carer

Date:
