



**Zeals  
Afterschools  
Club**  
**07908 664 676**

Regd OFSTED #EY2669978

[Zeals Afterschools Club CIC]

*"A home that you would like your child to have"; ages 5 - 11 years*

## **BOOKING FORM for Child (name).....**

Parents please fill in and return pages 1 - 7 to

**ZAC, The Pavilion, Green Pastures, Wolverton Lane, ZEALS BA12 6LL**

DATES:	From	To
TIMES:	From	To
CHARGE PER SESSION:	(see Page 2) £	

Please indicate which days you wish your child to attend the ZAC (term time only)

WEEK /	DATE	MONDAY	TUESDAY	WED'SDAY	THURSDAY	FRIDAY
Week 1						
Week 2						
Week 3						
Week 4						
Week 5						
Week 6						
Week 7						
Week 8						
Week 9						
Wk 10						
Wk 11						
Wk 12						

Number of sessions	
Total cost	
Signed	
Date	

# The ZAC

(Zeals Afterschools Club)

Regd Ofsted # EY2669978

[Zeals Afterschools Club CIC]

Insured with:

Access Insurance, Croydon

## FEES

Fees are a per session rate and include collection/transport:

3.15 - 5.00pm - Zeals £15.50; Bourton £15.50; Mere £15.50, Milton £15.50

5.00 - 6.00pm - £4.00 (not Fridays)

(If you book split hours after 5 pm please add £1 for every 15 minutes or part thereof)

**OVERTIME - attendance after contracted time £1.00 per minute**

**Pay day (1st day of term or monthly in advance) please to:**

**ZealsAfterschoolsClub**

**Cheque or bank transfer to**

**Sort Code: 30-93-45      Acc. no: 00219348**

## CHARGES FOR ABSENCE

Absence due to child/parent's sickness - normal rate applies

Absence due to staff sickness - no charge

Absence due to Teacher Training Days - no charge

## NOTICE

Notice required for holidays (on both sides): Four weeks

Notice required for termination of this contract: Four weeks or full fee in  
(on both sides) lieu of notice - this applies to  
both minder and parent

Signed by parent .....

Date .....

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## Zeals After School Club PARENT CONTRACT/Registration Form

(All information is for internal use only & will remain strictly confidential)

Name of the Club: The ZAC (Zeals Afterschool Club)

Address: **The Pavilion Green Pastures, Wolverton Lane, ZEALS BA12 6LL**

Open every school day Monday - Thursday 3 - 6 pm

Friday 3 - 5 pm

Telephone 07908 664 676

Name of child in full.....D O B...../...../.....

Name to be called..... School attends.....

Name of parent .....

Address .....

Telephone numbers.....

Email .....

Name of person responsible for payment .....

Date arrangement is to commence.....

Hours/Days..... From .....pm to.....pm

Signed by parent .....

Date .....

ADDITIONAL Telephone numbers where you may be contacted (both parents numbers if appropriate)

Daytime .....

Evening .....

Please give details of person collecting child from the club (Your child will ONLY be allowed to leave with this named person)

Name:

Address: (if different from above)

Post code

Telephone numbers on which they may be contacted

Daytime.....

Evening.....

Details of second contact, other than the collector, who may be able to collect the child in case of emergency

Name:

Address:

Post code

Telephone numbers where they may be contacted

Daytime

Evening

Details of child's doctor/Dr

Surgery

Telephone number

List of all known medical conditions

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Are any professionals involved in supporting your family? If so who?

List of all known allergies or major dislikes e.g. foods, materials or activities

# The ZAC

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Please sign either Part A or Part B below

A - I agree to my child taking part in ALL club activities, briefly described above

Signed..... Dated.....

B - I agree to my child taking part in some of the activities with the following exceptions:

.....

Signed..... Dated.....

I consent to any necessary emergency medical/first aid treatment to be administered to my child during the running of the Club:

Yes / No (delete as appropriate)

Signed..... Dated.....

I have read the '**ZAC policies sheets**' and agree to their use in respect of my child:

Equal opportunities, Special Needs, Grievance, Partnership, Health & Safety, Security and Club Discipline

Signed..... Dated.....

I understand it may be necessary to share information with other agencies (eg for safeguarding). I understand that this will only be done if absolutely required, and such information will be treated with the highest confidence

Signed..... Dated.....

**Data Protection Regulation: I agree that Zeals Youth Trust can retain my email and hereby give my permission for you to contact me.**

**Signed.....**

# The ZAC

(Zeals Afterschools Club)

## Photograph Permission Form

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At [Zeals Afterschools Club](#) we take the issue of child protection very seriously. We will never knowingly publish an image of your child without your consent.

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

*(please tick for consent)*

- ◆ Electronic and printed displays and exhibitions at the Club (eg photos of activities)
- ◆ Observation and assessment
- ◆ Website for Club/Facebook Page
- ◆ Promotional material for the Club
- ◆ Other

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative intone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Signed: ..... Date: .....

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## Mini Bus Rider form

*All information is for holding on our Mini Bus & is only for use in emergency*

The ZAC offers mini bus collection from Mere, Bourton, Milton & Hindon schools.

*Please fill in this form if your child is to be collected by us.*

This form will be laminated and kept on the bus at all times so that, in event of any emergency, our driver or chaperone will have contact details to hand.

Please complete one form per child

Child's name in full:	
Name to be called:	
Medical Issues/Allergies:	
D O B      Day .....      Month .....      Year .....	
Parents' telephone numbers where you may be contacted	
Mother	Father
Daytime .....	.....
Evening .....	.....