



Wrap Around Childcare Parental Contracts ('The POD') **Terms and Conditions**

Parental Contract

This provision is offered in accordance with the Equality Act 2010, which avoids discrimination and promotes equality regarding the 'protected characteristics'.

Hours of Operation

Monday to Friday 7:30am-8:40am before school and 3:15pm-5:45pm after school, term time only.

Fees

The level of fees is set by The Governing Body and reviewed in the light of the club's financial position, it's future strategic plans and any other broader economic or social considerations deemed relevant.

Payment Policy

Payment is required for the current week / month at the time of booking. Advanced bookings can be made, but only held provided payment for that week/month is received.

Places will not be held if we do not receive payment as described above.

Non-payments may result in your child's place at the club being removed.

No refunds or credits will be given for sessions booked but not used unless the correct cancellation procedures have been followed.

A surcharge of £5.00 will be charged for late collections after 5:45pm, this charge is per child.

Additional / Adhoc Bookings

Please contact the school office if you require a one off, on the day or urgent booking.

Cancellations

All cancellations must be made through the school office (not with the staff in 'The POD'). As with Additional Bookings, cancellations cannot be made for the same day. Any payments received will not be refunded but will be held in credit against any future bookings.



VAT Reg: 142337141 Company Number: 8195720
The Florence Nightingale Academy
Chewton Street, Eastwood, Nottingham, NG16 3HB
Tel: 01773 713452

Email: office@theflorence.academy

Website: theflorence.academy

Headteacher: Mrs L Baxter



Illness Policy

Parents agree that a child who is ill (e.g. fever, infection, diarrhoea or any other type of illness that may be passed onto others, with the exception of the common cold), will be kept at home to protect the wellbeing of other children in our care, and the staff who will be looking after them. The parents further agree that should a child become ill whilst in our care, that immediate arrangements will be made to remove the child from the club.

Behaviour

Behaviour expectations are in place, which mirror the school's policy, and staff will expect support from home with promoting this. Occasionally, should a child's behaviour be unacceptable, their place may be withdrawn.

Parental Contract

By signing this contract, you agree to the terms and conditions set out overleaf. Please return to The POD asap to enable continuity of provision.

Name of Child: _____

Class: _____

Signed: _____

Print Name: _____

Date: _____



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Emergency Contact and Medical Information for Wrap Around Care

Child's Name:	
Child's Date of Birth:	
Address:	

Medical information, declarations and consent	YES / NO
Does your son/daughter suffer from any conditions which the staff should be aware of?	
If yes, please provide details. A letter from a doctor / medical professional is required if your child has a particular medical or dietary condition.	

Please provide details of any medication

Name of Medication	Dosage	Times of day and circumstances to be given	Method of Administration
Any special precautions, side effects etc.			

I give consent for a member of staff to administer the above medication, which I will deliver to the group leader. I understand that the staff are not qualified medical practitioners but will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required. Staff will only administer medicine prescribed by a Doctor.



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I agree to my son / daughter receiving emergency medical treatment, including anaesthetic and blood transfusion as considered necessary by the medical authorities present.

Is your son / daughter allergic to any medication	Yes / No
If yes, please specify	

When did your son / daughter last receive a tetanus injection?	
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Name, address and phone number of family doctor

Dietary Requirements	Yes / No
Does your son / daughter have any dietary requirements If yes, please specify below. A letter from your doctor / medical professional is required if your child has a particular medical or dietary condition.	



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Parent's occupation and place of work

(It is a statutory requirement that we have two active contact numbers)

Contact Priority 1	
Name	
Relationship to child	
Home number and priority	
Mobile number and priority	
Work number and priority	
Home Address	

Contact Priority 2	
Name	
Relationship to child	
Home number and priority	
Mobile number and priority	
Work number and priority	
Home Address	

I agree to inform The POD as soon as possible of any changes to the contact details.

Signed	
Full Name	
Date	



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