



## **Castle Hill Kids Club Contract 2025-26**

### **As Childcare Providers we will:**

- Ensure that we provide a safe, secure and nurturing environment for your child.
- Provide childcare facilities for your child at the agreed times on the agreed dates.
- Provide a small snack and drink for your child.
- Notify you at the earliest opportunity if we are going to be closed.

### **As Parents/Carers of a child in our Castle Hill Kids Club you will:**

- Provide us with any information relating to your child's place and complete all relevant documentation as requested.
- Notify us of any medical or educational situations where special arrangements may be needed for your child.
- Provide us with up to date contact details and immediately inform us of any change to this information.
- Inform us of any matters that are relevant to your child's safety and security.
- Keep us informed as to the identity of those persons authorised to collect your child from the Castle Hill Kids Club
- Inform us immediately if your child is unable to be collected at the agreed collection time (Late fees apply).
- Inform us if your child is unable to attend the Castle Hill Kids Club.
- Adhere to the payment procedures as outlined in this document, at all times.

### **Castle Hill Kids Club Fees**

The fees for the Castle Hill Kids Club for 2025-26 are:

Breakfast club 7.30am-8.45am	-	£6.50
Afterschool club 3.20-4.20pm	-	£6.50
Afterschool club 3.20pm-6pm	-	£11.00

All bookings must be made a week in advance of the start date of the placement along with full payment. i.e. the Monday before the week you would like to start your child at the Club.

## **Payment**

Payment to be made via bank transfer. The details are

Account name: Castle Hill Kids Club Hindley Ltd

Sort code: 60-83-71

Account number: 74372120

We have also set an account up so that you can make a payment with the Government and claim tax free funding.

<https://www.gov.uk/tax-free-childcare>

Should parents wish to use their childcare vouchers that they receive from work or college please get in touch with Mrs White to discuss the details.

## **Late Collection Fees**

You must collect your child at the agreed time of no later than 6:00pm. If you are unavoidably late, you need to let us know as soon as possible.

In the event of your child being collected late, a charge of £1 a minute will be charged.

After three late collections from After School Club, your child will lose their place and their place will be automatically offered to the next child on the waiting list.

If you have paid for any sessions in advance, the remaining balance on your child's account will be refunded to you. In the event of any child not being collected, it is school policy to contact the relevant authorities and arrange for emergency childcare for your child.

## **Cancellation**

If you wish to cancel a session, you need to give a minimum of 3 days' notice for cancellation and the payment of the session will be held as a credit to use on another day of your choosing, depending on availability. Failure to give the above notice will result in you incurring a late cancellation fee of £5.

## **Termination of Contract**

You may immediately end this agreement if:

- We breach any of our obligations under this agreement, and have not or we cannot address any breach within a reasonable period of time. School may immediately end this agreement if:
- You fail to pay the fees which are due.
- You have breached any of your obligations under this agreement.

- You behave unacceptably, as we will not tolerate any physical or verbal abuse towards the staff or management.
- You turn up excessively late for a collection (in excess of 30 minutes).

## **General**

As a childcare provider, we are under an obligation to report any instances where we consider a child may have been neglected or abused to the relevant authorities, and may do so without informing you. In the event of unexpected closure of the Castle Hill Kids Club, we are under no obligation to provide alternative childcare facilities for you. If you have any concerns regarding the services we provide you should discuss this with a member of the management team.

## **Contact Details**

Club Phone number: 07714590790

School Phone Number: 01942 255578

Mrs White email address: [bman@castlehill.wigan.sch.uk](mailto:bman@castlehill.wigan.sch.uk)

## **Castle Hill Kids Club – Confirmation of Contract**

### **Child's Details**

First name:	Surname:	Date of Birth:
Address:	Post Code:	Class:

### **Breakfast Club Sessions requested 7.30am-8.45am**

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **After School Club Sessions requested (tick pick up as required) 3.20pm-6.00pm**

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 4.20 pm <input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 4.20 pm <input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 4.20 pm <input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 4.20 pm <input type="checkbox"/> 6.00 pm	<input type="checkbox"/> 4.20 pm <input type="checkbox"/> 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 Castle Hill Kids 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 no:	Work number:	Home number:	Mobile no:	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)

### GDPR

Yes/No	Section	Details
	Photo/video	<p>I give my consent for my child to have their photograph/video image taken by school and used for the purpose of:</p> <p>*Internally – displays in school            *Externally – School website/social media            *Marketing Purposes – website/flyers</p>
	Medical treatment	<p>I confirm that I am willing for the school representative to sign on my behalf any forms of consent required by the hospital authorities in the event that my son/daughter requires emergency medical treatment at school outside of school hours, provided the delay required to obtain my own signature might be considered by the doctor/surgeon to endanger my son's/daughter's health or safety.</p>
	Use of email & phone numbers	<p>I give consent that my mobile number can be used by the school to send me text messages and message alerts via Arbor and I give consent that my email can be used by the school to contact me.</p>

Name of parent – please print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Member of staff name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_