



## Byfleet Primary School REGISTRATION FORM

### Early Birds & Night owls

ASC Mobile 07391 557456 Email: [asc@byfleet.surrey.sch.uk](mailto:asc@byfleet.surrey.sch.uk)

Child Name 1		Class	
Child Name 2		Class	
Child Name 3		Class	

#### Booking

- Bookings can be made for the entire term or on an adhoc basis.
- Bookings can be made up to **48 hrs before** the session day, if spaces are available.
- If you need to book your child a session with less than 48 hrs notice, you should contact Early Birds and Night Owls via [asc@byfleet.surrey.sch.uk](mailto:asc@byfleet.surrey.sch.uk) or call the school office on 01932 403116 who will do their best to accommodate your request.
- **A late fee of £10 will be charged for late bookings made less than 48 hours notice.**
- No bookings can be made less than 24 hours prior to a session.
- A session can be cancelled up to 48 hrs before a session, via SCOPAY. No refund can be made if there is less than 48 hours notice prior to the session.
- The club reserves the right to review booking activity and to suspend an account where frequent last-minute cancellations are made.
- A late collection fee of £10 will apply per child from 17:30 pm until 17:45 pm. It becomes a safeguarding concern where a child/ren are not collected promptly by 17.30pm and a record is kept. If you are regularly late in collecting your child/ren, we may suggest that you seek alternative, more flexible childcare arrangements.
- Please notify Night Owls by ringing the mobile number **07391 557456** if you are unable to pick up your child on time.
- A child's continued place at our Early Birds and Night Owls, is dependent on continued payment of fees in advance & booking online. Places are allocated on a first come first served basis.

#### Childcare Vouchers

Our childcare is currently registered to receive childcare vouchers from the following schemes; Edenred, National Savings, Tax Free Childcare.

Please indicate your payment options made by childcare vouchers and provide necessary details:

I will be using childcare vouchers to pay in full for my sessions.

I will be using childcare vouchers to pay in part for my sessions.

Please provide the Childcare Vouchers scheme you will be using:

#### Fees

- Early Birds Session: £5.50 (breakfast provided e.g cereal, toast, drink)
- Early Birds Late Booking: £15.50 (£10 late booking fee plus session fee)
- Night Owls Session: £9.90 (snack provided e.g crumpets, cheese & crackers, sandwiches, drink)
- Night Owls Late Booking: £19.90 (£10 late booking fee plus session fee)



## Byfleet Primary School REGISTRATION FORM

### Early Birds & Night owls

#### Operational Hours

The clubs run during school term dates only (excluding the last day of term and Inset days).

- Early Birds: 7:30am – 8:35am
- Night Owls\*: 15:15pm – 17:30pm

\* Night Owls does not operate on the last day of term when school finishes at 1pm.

#### Please note:

Byfleet Primary School reserves the right to amend the terms/conditions including session, registration and late fees at any time. It is our policy that everyone who attends, works in or visits Byfleet Primary School are expected to conduct themselves in a manner that is mindful of the presence of children. In the event of a concern or complaint, please speak to a member of staff or escalate your issue through the school office by emailing [admin@byfleet.surrey.sch.uk](mailto:admin@byfleet.surrey.sch.uk).

#### Agreement

- I understand that by completing and signing this registration form, I agree to meet the terms and conditions of Early Birds and Night Owls.
- I will inform the provision or school office of any changes in circumstances relating to the above or anything that may affect my child (eg medication, health concerns etc).
- I agree to collect/make arrangements for my child to be collected from Early Birds or Night owls on time at 17:30pm.
- I agree not to send my child to Breakfast or Afterschool Club if he/she is unwell.

Name of Parent/Carer 1:	
Contact 1 telephone number:	
Name Parent/Carer 2:	
Contact 2 telephone number:	
Home address:	
Alternative emergency contact (Name, relationship, telephone number):	
Medical/Dietary requirements:	
Signed:	
Date:	