

Twilight Hours

Parent/Carer's Contract

Child's name _____

Parent or carer's name _____

- I consent for my child to attend Twilight Hours. I understand that the club has policies and procedures and that there are expectations and obligations relating to the club, myself and my child agree to abide by them.
- I understand that Twilight Hours is a play care facility and that whilst my child is there Twilight Hours is legally responsible for him/her.
- My child will be provided with:
 - Snack and drink if booked and staying beyond 4pm at the After School Club
 - Breakfast and a drink if attending Breakfast Club
 - Lunch and Snacks at Holiday Club
- My child will be given stimulating and challenging play opportunities in a fun and safe environment.
- At Twilight Hours After School Club and Holiday Club my child will be in the care of Twilight Hours until collected and signed out by a 'Named' responsible adult.
- At Breakfast Club children will be taken to the playground or classroom by Twilight Hours Staff.
- I understand that sessions booked are non-refundable (unless notice in line with the Cancellation Policy is given) and I will inform the Manager/Deputy if my child will not be attending on a booked day.
- It is my responsibility to keep the club Manager informed of any alterations to the information regarding my child.
- Twilight Hours After School Club closes at 6.00pm and if for any unforeseen circumstances I am going to be late, I will contact the club via the Mobile Phone, for my child's setting.
- I understand my child should be collected on time from After School Club and that if they are not, the Uncollected Children Policy will be used and additional charges will be incurred.
- Whilst Twilight Hours try to ensure the safety and security of items, I understand they cannot be held responsible for anything lost or stolen nor is it covered by their Insurance.
- I have read the behaviour policy and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the club and I will pay for these missed sessions.
- Should there be any incidents at Twilight Hours involving my child, I will be informed of the situation.
- I understand that fees are due half termly in advance and if my fees are not paid, care will not be available and my child may lose their place. Childcare voucher payments of a monthly amount may be agreed if appropriate.

This policy was adopted by: Twilight Hours ASC	Date: Jan 2015	Policy No: CN 004
To be reviewed:	Signed:	
Policy Name: Contract Form	Signed:	

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- Any information and details regarding my child will be treated as confidential. However, there may be times, for example in cases of Safeguarding concerns, when details of my child may be passed on to other agencies. For example - Police, Social Care and Health Care Professionals.
- I understand that only sessions booked and paid for are secure. Any additional care must be mutually agreed.
- I understand the period of Notice to end this Contract or change any booked sessions (including ad-hoc bookings) is 2 weeks (not including any holiday period) and that failure to adhere to this will result in my still being charged for the sessions.
- In the unlikely event of the club having to reduce their numbers and no longer being able to offer my child a place, I understand I will be given one month notice.
- I will inform my child's school which days my child will be attending Twilight Hours After School Club.
- I will advise Twilight Hours of any allergies/cultural preferences which may affect my child's food provision.
- A £10 Registration Fee will be charged for the Administration when my child joins Twilight.
- If, due to unforeseen circumstances, for example inclement weather conditions or power failure your Twilight setting closes, a credit will be issued against your account.
- I understand that if my child is being transported to the setting, by an external provider such as a taxi or school teacher, they are not the responsibility of Twilight until they have arrived with them.
- I confirm that I will alert Twilight if I am or become aware that my child is allergic or sensitive to any of the following.
 - Cereals containing gluten
 - Crustaceans, for example prawns, crabs, lobster and crayfish
 - Eggs
 - Fish
 - Peanuts
 - Soybeans
 - Milk
 - Nuts (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew & macadamia)
 - Celery (and celeriac)
 - Mustard
 - Sesame L
 - Lupin
 - Sulphur dioxide, which is a preservative found in some dried fruit
 - Molluscs, for example clams, mussels, whelks, oysters, snails and squidand I will do this on their Medical Form, if appropriate enclosing copies of their Care Plan and will provide any Medicines they require.

I have read and understood the above terms and conditions and I agree to abide by them.

Signature: _____

Date: _____

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