

Our ref: SafePlaceToBe/sv/SummerTerm  
20<sup>th</sup> April 2010

Dear Parent/Carer

### **After School Club**

We are delighted to be able to continue offering our After School Club this term, and to encourage further participation we will be holding the price at £2.00 per session. Some exciting new purchases for this term include a PS3, an X-box Elite and some new sports equipment.

The sessions will be held daily each Monday to Thursday 4.00 – 5.30pm. You will need to make arrangements to collect your child at the end of the session from the front of the school. Your child may attend as many sessions as you wish each week, however, we do need to know which sessions have been chosen. You are able to pay weekly, monthly or half termly which ever is the most convenient. Please note that the permission slip is to the end of this half term and pupils can only attend if their slip and payment has been received. For safeguarding reasons please let the school know if your child is unable to attend.

Please fill in the attached slips and return in an envelope clearly marked with your child's name, tutor group and 'After School Club' to Miss Sparrow via the pupil letter box by the main office, before the session. Please include your payment or contact the office if you wish to make the payment via Parent Pay as we will need to set this up for you.

The Governing Body wish to ensure that all pupils are able to experience the Club, and should you have any concerns regarding the cost of sessions or the timing of payments, please contact Mrs Saunders, Business Manager, or Miss Sparrow, Safe Place to be Co-Ordinator and they will be pleased to discuss this with you in confidence.

Yours sincerely

C Sparrow  
Safe Place to be Co-Ordinator

**STRADBROKE BUSINESS & ENTERPRISE COLLEGE**

**AFTER SCHOOL CLUB**

I would like my son/daughter to attend the after school club and accept the charges made.

I enclose payment  I have paid via parent pay

I agree to collect my child from school

I have arranged for a friend to collect my child from school

I give permission for my child to walk home from school at 5.30pm

NAME: \_\_\_\_\_ TUTOR GROUP: \_\_\_\_\_

SIGNED: \_\_\_\_\_ PARENT/GUARDIAN DATE: \_\_\_\_\_

Please tick the sessions you wish your child to attend

Wed 21 April 2010  Thurs 22 April 2010

Mon 26 April 2010  Tues 27 April 2010  Wed 28 April 2010  Thurs 29 April 2010

Tues 4 May 2010  Wed 5 May 2010  Thurs 6 May 2010

Mon 10 May 2010  Tue 11 May 2010  Wed 12 May 2010  Thurs 13 May 2010

Mon 17 May 2010  Tue 18 May 2010  Wed 19 May 2010  Thurs 20 May 2010

Mon 24 May 2010  Tues 25 May 2010  Wed 26 May 2010  Thurs 27 May 2010

No of Sessions \_\_\_\_ @ £2.00 = £ \_\_\_\_\_

**SUFFOLK COUNTY COUNCIL – EDUCATION DEPARTMENT**

**PARENTAL CONSENT – AFTER SCHOOL CLUB**

**NAME OF CHILD:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_

**VISIT(S) TO:** \_\_\_\_\_

**DATE(S) OF VISIT(S):** \_\_\_\_\_

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

**My Child's Doctor's name and address is:** \_\_\_\_\_

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by Travel Insurance or otherwise at the discretion of the college governors.

**Signed:** \_\_\_\_\_ (Parent/Carer)

**PLEASE COMPLETE THE SECTIONS BELOW**

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative, or friend acting for you, can be contacted.

**Home Address**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Alternative Contact if required**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

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