



*For Learning That Lasts A Lifetime*

May 2025

Dear Parent/Carer

**BEFORE SCHOOL CHILDCARE SERVICE**

We continue to offer a Before School Childcare Service to assist you and your families.

The details for our Before School Childcare Service are as follows:-

TIME OF SESSION	COST
7:45am – start of school	£3.00 per session

The charge for the Before School Childcare Service is purely to cover staffing costs. We will not be providing breakfast. Please make sure your child has eaten before they are dropped off at the Childcare Service.

In order to use our Childcare Service you will need to register your child. The Childcare Service will then be available for you to use either on a regular or ad-hoc basis.

If you are interested in signing up your child/children to our Before-School Childcare Service, please complete the attached Registration Form and return it to the school office.

Bookings can be made via the booking form which is available from our website or can be requested from the School Office.

Yours sincerely

**Mr C Ward**  
**Headteacher**

Enc.



# **BEFORE SCHOOL CHILDCARE**

## **TERMS & CONDITIONS**

NAME OF CHILD/CHILDREN.....

CLASS: .....

### **Before-School Childcare**

- Term Time Only: Monday – Friday. 7:45am-8:35am.
- Cost: £3.00 per day

### **Cancellation Policy**

- 24 hours notice is required to cancel a booking without charge. If notice is not received unattended sessions will be charged.

### **Bookings**

- Bookings can be made termly or weekly as required. We will try to be as flexible as we can where places are available.
- Bookings can be made via the booking form which is available from our website or can be requested from the School Office.
- We are only able to accommodate a set number of children in each session. If you have booked a place for your child that you no longer require please let us know so that this space can be released to other parents.
- Assume your booking has been accepted unless you are contacted by the school.
- Do not bring your child to Before School Childcare Service unless you have booked a place.

### **Payment & Charges**

- Please pay via BACS :

**National Westminster Bank plc**

**Sort Code: 60-60-08**

**Account Name: KCC RE ST MARGARET'S AT CLIFFE**

**Account Number: 79361447**

**Reference: Your Name and BSCS**

## Arrival

Please bring your child to the double doors at the back of the school hall at the rear of the site where a member of staff will be waiting to greet your child and escort them into school. Please remember to be extra vigilant around this area of the school site as it is used as a staff car park and there may be moving vehicles in the area.

If arriving before 8am, you may drive round the back of the school to the hall entrance to drop your children off quickly. You will be able to pull into a parking bay outside the hall door. Do not drive around the back if arriving after 8am.

## Administration of Medicine

- A medicine form needs to be completed and signed for parents wishing to have any drug administered to their child by staff whilst at the Before School Childcare Service. Please email staff in the School Office to request the relevant paperwork. Children are not permitted to have medicines on their person at school. All medication must be handed to an adult to be stored in the School Medical Room.

## Behaviour

- The school's current Behaviour Policy applies to all our Extended School activities.
- Children are not to have mobile 'phones with them during the Before School Childcare Service.

Signed .....  
(Parent/Carer)

Name.....  
(Parent/Carer)

Date.....

Contact Telephone Number.....

# **BEFORE-SCHOOL CHILDCARE SERVICE**

## **REGISTRATION FORM**

Please complete and return this form to the school office in order for your child to attend our Before School Childcare Service.

Name of child/ren:

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Address:

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Emergency Contact No:

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Special Dietary Needs:

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Allergies/medical conditions:

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Specify days required:

☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday

I agree for the person in charge of the Before-School Childcare Service giving consent on my behalf for any emergency medical treatment and/or for an anaesthetic to be administered should it be necessary.

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

Name: \_\_\_\_\_  
(Parent/Carer)

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