



**The Lighthouse Club at Horwich Parish CE Primary School**

**Booking Form – Parent Declaration**

**PUPIL INFORMATION**

<b>Surname:</b>	<b>Forename:</b>
<b>Male/Female</b> (delete as appropriate)	<b>Date of Birth:</b>

If you are intending to use Child Care Vouchers through your employer please provide the name of their provider:

<b>Name of Provider:</b>
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Please tick the sessions that you require below for the sessions your child will be attending on a regular basis.

**Operational hours:** These are during school term dates only.

<b>Session</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Before School 7:30am – 8:40am</b>					
<b>After School 3:15/3:20pm – 6:00pm</b>					

Please book my child in for the days and times indicated above. I understand that the club cannot give refunds for any sessions that I have booked, but my child does not attend. Acceptance of a place is a commitment to paying the fees in advance, even if the child does not attend due to holidays, school trips, illness etc.

**Agreement between parent(s)/carer(s) and The Lighthouse Club at Horwich Parish.**

I understand that by completing and signing this contract and registration form

- I agree to meet the terms and conditions set out in the policy of The Lighthouse Club at Horwich Parish.

- Places will initially be given on a first come first served basis if numbers are over-subscribed.
- I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.
- I agree to collect/make arrangements for my child to be collected from the before and after school club immediately if I am informed that he/she is unwell. I agree not to send my child to The Lighthouse Club if he/she is unwell.
- I agree to keep up to date with payments and make sure that my account does not go into debt. Failure to pay on time may result in my child losing their place within the club.
- I will keep Horwich Parish CE Primary school up to date with any changes in contacts/medical/dietary information for my child.

**Parent/carer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name Printed** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_