SPELDHURST PRIMARY SCHOOL AFTER SCHOOL CLUB

ABOUT US

AliKats wonderful After School Club provides parents and guardians with a fun, friendly, reliable and most importantly a safe solution for wrap around care for your child.

OBJECTIVE

Run by Mrs Hitching and Mrs Harle. They provide your child with a safe, secure & supportive environment. They provide a wide selection of activities that include various sports, crafts and games. Each child will be offered a snack whilst at After School Club.

THE DETAILS

Monday – Thursday 3.15pm - 5.15pm

After School Club will run each afternoon, Monday to Thursday between 3.15pm – 5.15pm.

Who we are?

Run by Speldhurst's own teachers Mrs Hitching and Mrs Harle. Between them both they have taught and cared for every pupil throughout the school. Thus, providing your child with a friendly and familiar face.

WRAPAROUND CARE

Fun | Friendly | Reliable

We provide you with the reassurance that your child will be cared for at the end of the school day. Ensuring that the school values of being kind and respectful to each other is also engrained throughout the club.

Contact us for more information:

ali@alikats.co.uk

INTERESTED?

Each session (3.15pm – 5.15pm) is £17 per child

To Book please complete the form on the back to register your child and your preferred days.



SPELDHURST PRIMARY SCHOOL AFTER SCHOOL CLUB REGISTRATION FORM

Name/s of pupil/s: _____

Year group of pupil/s: _____

Select which day/s you would like your Child/ren to attend After School Club:

Monday ☐
Tuesday ☐
Wednesday ☐
Thursday ☐

Please could you confirm that your child/ren will be attending the above selected days each week OR on an ad-hoc basis: *(This is to ensure that we can manage the number of children each evening safely. Priority will be given to those that select each week)*

Each Week ☐
Ad-hoc ☐

Please could you confirm if your child/ren has any known food or other allergies or medical conditions that we need to be aware of:

_____
_____
_____
_____

Emergency Contact Details: *(In the event of an emergency, please complete the below)*

Contact name: _____
Contact number: _____
Relation to pupil/s: _____

In the event that my child/ren requires immediate medical treatment before I can get to the hospital, I hereby authorize the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child/ren on my behalf.

I confirm that all of the information provided above it correct and by completing this form you are committing to the days ticked above. Failure to inform the school of no attendance on the day will still be charged as we will require 24 hours' notice. If you no longer require After School Club, a written notice of 1 month is required.

Signature: _____ Signed by: _____
Date: _____