



Comet Club

Tel: 07855 284144



at All Saints C of E (VA) Primary School, Datchworth

Comet Club is an externally run, Ofsted-registered breakfast and after school club. Comet Club provides extended provision for children attending All Saints School, Datchworth.

Breakfast Club runs from 7.45am to start of school.

Afterschool club starts at 3:00pm until 5.30pm Monday to Thursday and until 5:00pm on Fridays.

We offer a variety of activities such as cooking, sewing, knitting, craft construction, board games, Xbox, wii. We also use the school grounds for outside activities such as football, cricket, rounders, bowling, skipping and other group games.

Our prices include include a Light Breakfast and Tea.

Once your child is registered with us, we are able to offer flexible booking arrangements and providing you notify Jane giving her as much notice as possible, your child can join us at anytime.

Our fees are on the sheet included with this registration pack.

Invoice payments are to be made directly to Comet Club either by cash, cheque (payable to Comet Club) or by internet banking. Methods of payment that we accept are enclosed.

Our Registration Form needs to be completed prior to your child joining us.



Comet Club



Registration address: Comet Club, Unit 6, Weston Barns, Weston, Hitchin Herts SG4 7AX
Tel: 07855 284144

Registration Form

Child's Full Name:

Date of Birth: Male/Female:

Address:
.....
..... Postcode:

Telephone Number:

Mobile Number:

e-mail Address:

Please tick the days and the times of the sessions you require:

Sessions required	Breakfast	3:00 - 4:00	4:00 - 5:00	5:00 - 5:30
Monday				
Tuesday				
Wednesday				
Thursday				
Friday (3-5pm)				

Name of Parent/Carer 1. _____

Address if different to above: _____

Emergency Contact Number: _____

Name of Parent/Carer 2. _____

Address if different to above: _____

Alternative Emergency Contact (e.g. childminder/neighbour/grandparent)

Name: _____

Relationship to your child: _____

Contact Number: _____

Name: _____

Relationship to your child: _____

Contact Number: _____

Name of Doctor: _____

Address : _____

Telephone: _____

Does your child have any health problems that Comet Club need to know about?

Is your child taking any form or regular medication? Please provide details

Does your child have any special dietary requirements?

Does your child have any allergies, including pets?

Does your child have any special needs?

Any emergency procedures that are prohibited for cultural or religious reasons?

Child's religion (optional)? _____

Child's ethnic origins (optional)? _____

Language spoken at home? _____

Consent

I agree to my child participating in after-school trips Yes / No

I agree to my child having photographs taken whilst at Comet Club Yes / No

*In the event of an emergency I give permission for my child to receive medical assistance
Yes / No*

I give permission for staff to re-apply sun cream when necessary Yes / No

I have read and agree to comply with the Comet Club After School club policies Yes / No

Signed: _____

Date: _____

COLLECTION OF CHILD

I give permission for the following people to collect my child on a regular basis:

If any other person is collecting my child I will let Comet Club know as far as possible in advance by telling a member of staff and arranging a password.

Signed: _____

Date: _____

INVOICING ARRANGEMENTS

Invoices are sent out on a weekly basis.

Details of our policies are available on request.

Tel : JANE 07855 284144

Tel : ROGER 07747191719