Streetsbrook Childcare
Ralph Road, Shirley, Solihull, West Midlands B90 3LB
TEL: 0121 744 5245 ext. 2
EMAIL: childcare @streetsbrook.solihull.sch.uk
WEBSITE: www.streetsbrook.co.uk

2026-2027

Cosmic Club for children in Reception, Year 1 & Year 2
Booking form

Name of Child ……...

D.O.B. ……..……

Male ☐ Female ☐

Year Group in September 2026……

Date Sessions start from ……

SESSIONS	Cost per session	Mon	Tues	Wed	Thu	Fri
Breakfast Club – 7.30-8.45am *(breakfast served until 8.15am)*	£8.35					
After School Club – 3.15-5.15pm*	£15.45					
After School Club – 3.15-6.00pm*	£21.30					

You are welcome to send your child in with a healthy packed tea box which will be stored in the fridge until required.

Please note that your meals account on ParentPay should be kept in credit at all times. If your meals account runs into debit, meals will not be available for your child.

- **Sessions may not be transferred**
- All sessions are subject to availability
- The above fees apply to contracted care only. Ad-hoc attendance will be charged at an additional £1.00 per session.

Terms and conditions

This form must be signed before a place can be confirmed

We understand that the cost of registered childcare may seem expensive to a parent/carer, however, providing a high quality, safe and stimulating service for children has financial implications in order to ensure the continued high standards and sustainability of the provision.

These term and conditions are in addition to our prospectus and policies, which can be found on the Academy's website.

- Fees are payable a month in advance and invoices are sent around 10th of every month. Fees not paid on the due date as stated on the invoice (the last day of the month) will incur late payment charges, and you risk the place being suspended or withdrawn with immediate effect.
- The Manager has the right to issue a formal warning to the parent/carer and inform them that continued late payment will result in their child's place being withdrawn.
- You, as the signatory to this terms and conditions, are responsible for paying your fees on time and it will be a breach of this contract if fees are not paid by the due date.
- Unfortunately, we will not issue a refund or swap any missed sessions when your child does not attend due to illness, school trips (including residential), family holidays or any other reason.
- Fees will be reviewed by the Board of Governors annually for each academic year. Any alterations will be notified well in advance.
- Four weeks **written and paid** notice is required if a parent wishes to end their contract or permanently cancel sessions.
- In the event of unavoidable closure of Streetsbrook Infant & Early Years Academy, Streetsbrook Childcare will also be closed. These are very rare occurrences and by nature, impossible to predict. We are not able to refund any missed sessions.
- We will be closed on bank holidays, Christmas holidays and some inset days. We are also only open 8am-5.30pm during the school holidays.
- Sessions in addition to contracted hours, will be charged at an additional £1.00 per session
- Collection after the end of a session will incur a charge of £5 per 15 minutes. Please telephone us immediately if there is going to be a late collection.
- Sessions may not be transferred - All sessions are subject to availability.
- For catering and invoicing purposes, you are asked to make a termly commitment regarding meals.
- For those who have opted for meals – lunch and tea charges are payable directly on Parent pay. *Please note that your meals account on ParentPay should be kept in credit at all times.* If your meals account runs into debit, meals will not be available for your child.
- Streetsbrook Childcare reserves the right to withdraw a childcare place if the behaviour of a child or parent is deemed to be unacceptable.
- Streetsbrook Childcare abides by the Academy's policies; copies of which are available from the Academy office, or the Academy website.
- Streetsbrook Childcare cannot take responsibility for loss or damage to clothes or any other property brought into Club. Clothes and all other property should be marked with your child's name.

DECLARATION BY THE PARENT/GUARDIAN:-

I confirm that I have read and agreed the information above and understand this document constitutes a legal contract for Streetsbrook Childcare and that both parties are bound by its provisions.

Terms and Conditions agreed by Parent/Carer

Signature ……...……Name……..……..…..……..

Date…….....……...

DATA COLLECTION SHEET

This Form must be completed before any child is accepted at Streetsbrook Childcare.
All the personal information we hold is held and processed in accordance with data protection legislation. Please refer to the Privacy Notice (located on our website) for details of how personal information is used.

PUPIL INFORMATION			
Surname:		**Gender:**	
Forename:		**Middle name:**	
Home Address:			
Post Code:		**Home Phone no:**	
Date of Birth:		**Place of Birth:**	
Home Language:		**Ethnicity:**	

CONTACT INFORMATION		Adults with Parental Responsibility and other contacts as required in priority contact order (continue overleaf if necessary) ***NB. Childcare will <u>need</u> to contact at least one person in case of an emergency. We ask you to also list an alternative contact that we can contact in the event parents/guardians are not available.***			
Priority	**Contacts**	**Home contact details**	**Work contact details**	**Permission to be contacted an emergency contact**	**Permission to be contacted by email/text for routine school communications**
1	Mother/Guardian (name) Parental Responsibility? Yes/No	Address: Tel: Mobile: Email:	Tel: Email:	Yes/No	Yes/No
2	Father/ Guardian (name) Parental Responsibility? Yes/No	Address: Tel: Mobile: Email:	Tel: Email:	Yes/No	Yes/No
3	Other (name)	Address: Tel: Mobile: Email:	Tel: Email:	Yes/No	Yes/No
3	Other (name)	Address: Tel: Mobile: Email:	Tel: Email:	Yes/No	Yes/No

DIETARY ARRANGEMENTS	
Dietary Requirements:	**PLEASE COMPLETE THE ATTACHED FORM**

MEDICAL INFORMATION	
Medical Practice:	
Address:	
Telephone Number:	
Medical Condition(s):	
Name of Health Visitor (if under 5):	**Tel no:**

OTHER INFORMATION	
Previous Setting:	
Special Educational Needs:	

Please provide a password which will be requested from those persons listed above or in an emergency when somebody not authorised arrives to collect your child and are unfamiliar to staff.	Password:

Parental Consent

Please tick box to state you consent to the following

For us to take photographs and use first name of your child for displays/internal publicity?		For us to use these photographs on the school website, prospectus and leaflet information?	
For us to use your child's photo and/or first name on the website to include newsletter		I consent for staff to administer a high factor, single use sun cream to day long protection	
I give permission for my child to be taken for local walks outside the school premises by childcare staff		For your child to have their face painted (using a reputable brand)?	

Data Protection Legislation: The school is registered with the Information Commissioner for holding and processing of personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with other agencies including Warwickshire County Council and the Department for Education. Please see our Privacy Notice for full details of how we use and share the above personal information, which can be found on the school website.

Please note that where we rely on your consent to process your information, you have the right to withdraw or amend your consent at any time. Please refer to the school's privacy notice for details of when we ask for your consent to use your personal data. You can notify us of a withdrawal of or any changes to your consent in writing by 47office@streetsbrook.solihull.sch.uk

Name:	**Date:**
Signature:	

Food allergy/intolerance and dietary requirement form.

Child's Name	School Name	Year Group/Class	Date form issued to the school and to whom	Is this a new form or an updated one?

Please only enter **X** to indicate yes, your child is allergic to listed item in the list below. Leave blank if not allergic.		Please only enter **X** to indicate yes, your child is allergic to listed item in the list below. Leave blank if not allergic.	
Celery		Molluscs	
Cereals containing gluten		Mustard	
Crustacea		Nuts	
Eggs		Peanuts	
Fish		Sesame seeds	
Lupin		Soya	
Milk		Sulphur Dioxide	
Other – please state			

Dietary Notes: Please add any intolerances in this section	

Medical Evidence (if available)		Yes/No
Acceptable medical evidence enclosed – documentation from a professional medical source i.e., a medical doctor, registered dietitian, nurse or other qualified NHS medical professional.		
Reaction/medication information for school use		
INFORMATION FOR SCHOOL: Please give details of what the symptoms are when exposed to the above declared allergens and intolerances and what level of exposure is required to cause a reaction, e.g., airborne, contact or ingestion		
Is Auto Adrenaline Injector (e.g., EpiPen) required?	Yes	No
If answered yes to the above question, please state clearly which of the allergens this relates to:		
If EpiPen / Medicine is needed who is to be contacted and is it to be kept on site at the school?		

Dietary Requirements:	Please only enter **X** to indicate yes, your child has a dietary requirement. Leave blank if not a dietary requirement.
Halal – Vegetarian	
Halal – Vegan	
Halal – Pescatarian (Can eat fish)	
Vegetarian	
Vegan	
Pescatarian	
No Beef	
No Pork	

Parent/Guardian details	
Main Contact Name & relation to child	
Main Contact - Phone Number(s) / E-mail address	
Second Contact Name & relation to child	
Second Contact - Phone Number(s) / E-mail address	

Data protection					
I'm happy for my child's allergen information to be passed to Solihull Catering Services to enable them to assist the school in appropriate food provision.					
Parent/Guardian name:		Signature:		Date:	

Office only, send to:	scsdietaryrequirements@solihull.gov.uk
Date:	