

CALMS

Care at Leyland Methodist Schools

Before and After School Club

OFSTED NUMBER: 2814045

Contact Details

Anita Webster CALMS Manager: 07895 762520

Email Form to: management.calms@gmail.com

Infant Contact: Mrs Bradshaw 07935 737469

Junior Contact: Mrs Buckley 07907 013450

Opening Times

Morning Session: 7:45 – 8:40

Afternoon Session: 3:15 – 6:00

(Please keep this sheet for your information)

CALMS Session Requirements Sept 2025 - July 2026

Name of child/children

Class and Year Group for
the coming school year

Session

Please tick the sessions you require:	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Prices

Morning 1 st Child	Morning 2nd Child
£4.50 per session	£4.50 per session
Afternoon child/siblings	Afternoon child/siblings
£9.00 per session	£6.00 per session

Please indicate how you would like to pay your fees

☐ Bank Transfer / Standing Order To be set up for 1 st of each month starting August	CALMS Bank Details: NATWEST Sort Code: 01-05-14 Account: 37015036
☐ Vouchers – please confirm which type To be set up for 1 st of each month starting August	
☐ Cash	
Do you require a Universal Credit letter (please tick)	

Start Date for Mornings:	
Start Date for Afternoons:	
Parent/Guardian Signature:	
Please Print Name:	
Date:	

Personal Details

Child's Name		Date of Birth	
Name of person(s) who have legal responsibilities for your child(ren)			
Address of child - Parent 1 – Mother/Father/Carer			
Email		Mobile	
Works Number			
Address of child - Parent 2 – Mother/Father/Carer			
Email		Mobile	
Works Number			
<u>Emergency Contact 1 if different from the above</u>			
Name			
		Relationship	
Home Number		Mobile	
Works Number			
<u>Emergency Contact 2 if different from the above</u>			
Name			
		Relationship	
Home Number		Mobile	
Works Number			
<u>Emergency Contact 3 if different from the above</u>			
Name			
		Relationship	
Home Number		Mobile	
Works Number			

Permission Slips

Child's Name	
Code Name (to be given when another adult collects your child, who is unknown to CALMS)	
Permission will be needed if under 16 upon each collection)	
I give permission for my child to watch a PG or U rated film with adult supervision	
Parent/Carer Signature	
I give permission for my child to be on photographs taken during club hours, to be used only for the purpose of the club, e.g., Display work and CALMS class DOJO	
Parent/Carer Signature	
I give permission for staff to observe and document my child's behaviour, am also happy for students to observe my child if necessary.	
Parent/Carer Signature	
I give permission for relevant information about my child to be shared with OFSTED and other agencies.	
Parent/Carer Signature	
I give permission for my child to go on a 2 wheeled scooter or tricycle without safety helmets or knee/elbow pads. The children will be always supervised whilst on these	
Parent/Carer Signature	

Medical and Educational needs

Child's Name			
<u>I am aware that CALMS will only administer antibiotics prescribed by a doctor, dentist, nurse or pharmacist and the medication must be in the original named box.</u> <u>Details of dosage last and next time to be administered, signed and dated.</u> <u>Asprin must be prescribed by doctor only.</u>			
Has your child any allergies?	YES	(Please give details)	NO
If your child has medication in school, what is it and where is it stored?			
Please supply a care plan before your child starts CALMS.			
Do you give permission for a first aider to administer the medication?			
YES		NO	
Please indicate below if you give permission for a trained first aider to administer first aid to your child if they require it.			
YES		NO	
Does your child have an EHCP/Care plan in school, that CALMS need to be aware of?			
If so, do you give permission for CALMS and school to pass on relevant information?			
YES		(Please give details) NO	
A copy of this will be needed before your child starts CALMS			
Does your child have any cultural/religious/dietary requirements or preferences that you want CALMS to be aware of?			
YES		(Please give details) NO	
I understand that my child needs to be absent from CALMS for 48hrs from last bout of sickness/ diarrhoea.			
I agree that my child will be collected by myself, or I will contact someone to collect as quickly as possible, once I have been informed my child needs to be collected from CALMS.			
Doctors Name			
Doctors Address			
Doctors Telephone			
If necessary, do you give CALMS permission to seek medical advice/treatment for your child?			
YES		NO	
Parent/Carer Signature			
DATE			

Additional Information

[illegible]

Declaration

Child's Name	
ADHOC sessions/emergency sessions must be booked through CALMS, not the school office/class teacher.	
These sessions need to be paid within 1 week of receipt of the invoice. Charges for these sessions are £6.00 per AM session £ 10.00 per session for PM (no reduction for am or pm sessions.)	
Any changes of booked ADHOC sessions will be charged if 48 hours' notice is not given.	
I am aware that I must pay for all registered places even if not used, that one week's paid notice is required to cancel or permanently change any sessions and that sessions are set and are unable to be swapped.	
I am aware that in the event of a late payment of fees, an additional charge of £10 per week or £40 per month will be incurred, dependent on which method of payment you use until the arrears are cleared. Bank transfer/ standing order/voucher payments must be paid on 1 st of the month.	
I am aware that late collection of my child will incur a surcharge of £5 for each 5 minutes after 6pm.	
I am aware that under the General Data Protection Regulation (GDPR) all personal data held in respect of a child or yourself, will not be shared with any third party unless at your request and will be securely stored at all times. Safeguarding arrangements still apply.	
In the event of closure of the school, due to circumstances beyond the control of CALMS, no refund of fees will be made.	
I understand that CALMS reserve the right to cancel /suspend my child's place, if their behaviour is detrimental to the club or puts the safety of themselves, other children or staff at risk.	
I have read and understood the terms and conditions of registration and I agree to abide by them.	
Parent/Carer Signature	
Print Name	
Date	