



KHALSA PRIMARY SCHOOL

'Faith Inspired Education'

Wexham Road, Slough, Berkshire, SL2 5QR Tel: 01753 823501

Email: office@kpsslough.com Web: <http://www.khalsaprimarieschool.com>



SIKH ACADEMIES
TRUST
Faith Inspired Education

Busy Bees Club Information

Opening times: 15.30 – 17.30pm (Monday to Friday, Term time only)

Price: £5.00 per hour

Contact number: 01753 823501

Payments

All bookings and payments should be paid in advance through your ParentMail account. Parents can purchase 2 weeks in advance of the Monday of the template week. Please note selections will close 1 days before the booking is due to take place. In order to be able to see the Busy Bees Club Register, please contact the School Office. **Please note non-payment will result in a child's place being withdrawn.**

What will my child do at the club?

Your child will have the opportunity to complete homework that they may have or take part in the various activities that are provided. This will vary from board games, arts and crafts, physical activities and other stimulating activities suitable for all age groups.

Please provide your child with a healthy snack.

Who will be running the club?

The Busy Bees club will be led by Mrs S Rani and Mrs P Panesar who are current members of staff.

The club will follow the school Out of Hours Policy and School Policies for Behaviour, Anti-Bullying, Child Protection, Equal Opportunities, Racial Equality, First Aid, Emergency Action and Health and Safety. It will observe the guidance within national Ofsted standards of care, learning and play, involving and consulting, physical environment, equipment and parents and carers. Copies of all of these can be obtained on request.





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Registration Form

I request a place for my child/children:

Name of Child	Date of Birth	Class

Parent/Carer Details:

	Contact 1	Contact 2
Name		
Relationship to child		
Address		
Telephone		

Please note that in the event of an emergency the parent/carers notes as 'Contact 1' will be our first point of contact.

I understand that you will not accept my child(ren) if they have not been pre-booked through my parentmail account.

I agree to my child(ren) receiving medical treatment in the event of an emergency and that I will be contacted as soon as possible.

I have supplied all the current medical information and contact details relating to my child(ren) and I will be responsible for updating these details and supplying any details Busy Bees Club Staff may need in the future.

Signed: _____ (Parent/Guardian)

Signed: _____ (Busy Bees Club Staff)

Date: _____





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Busy Bees Club Medical Questionnaire

Name of Pupil: _____

Details of any medication conditions, disabilities or allergies _____

Please give current treatment including medication: _____

Details of any special dietary requirements: _____

Doctors name, address and telephone number: _____

I confirm that to the best of my knowledge the information I have given is complete and true. I authorise Busy Bees Club Staff to carry out the actions I have advised in the event of my child becoming ill.

Signed: _____ Date: _____ (Parent/Guardian)

Signed: _____ Date: _____ (Club Staff)

This form should be returned to the school office.

