

KHALSA PRIMARY SCHOOL

'Faith Inspired Education'





Busy Bees Club Information

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

Price: £4.00 per hour (Reception to Year 6)

Contact number: 01753 823501

Payments

All bookings and payments should be paid in advance through your parentmail account. Parents can purchase 4 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. To view the Busy Bees Club Register, please contact the School Office. Please note that failure to make payment will result in your child's place being withdrawn.

What will my child do at the club?

Your child will have the opportunity to complete any homework they may have or take part in a variety of engaging activities. These may include board games, arts and crafts, physical activities, and other stimulating options suitable for all age groups. Please ensure your child brings a healthy snack.

Who will be running the club?

The Busy Bees Club is led by Mr. K. Singh, a current member of the school staff.

The club operates in accordance with the school's Out of Hours Policy and follows all relevant School Policies, including Behaviour, Anti-Bullying, Child Protection, Equal Opportunities, Racial Equality, First Aid, Emergency Action, and Health & Safety. It also adheres to national Ofsted standards covering care, learning and play, consultation and involvement, physical environment, equipment, and engagement with parents and carers. Copies of all policies are available upon request.

If you have any questions, please contact office@kps-slough.com









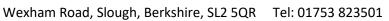






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Email: office@kpsslough.com Web: http://www.khalsaprimaryschool.com



Registration Form

I request a place for my child/children:

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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/carer 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:	(F	arent/Guardia	an)	
Signed:				
Date:				















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Wexham Road, Slough, Berkshire, SL2 5QR Tel: 01753 823501 Email: office@kpsslough.com Web: http://www.khalsaprimaryschool.com

Busy Bees Club Medical Questionnaire

Name of Pupil:		
Details of any medication con	nditions, disabilities or allergies	
Please give current treatment	t including medication:	
Details of any special dietary	requirements:	
	ny knowledge the information I ha ff to carry out the actions I have ad	
Signed:	Date:	(Parent/Guardian)
Signed:	Date:	(Club Staff)

All forms should be completed and returned to the School Office.











