

**Parent Contract for RISA Rainbow Wraparound**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Ryhope Infant School Academy

Shaftesbury Avenue

Sunderland

SR2 0RT

Tel: 0191 9171910

Mission Statement: 2

**At Ryhope Infant School Academy, we are dedicated to providing a caring, stimulating, and inclusive environment where every child can develop confidently and successfully.**

**Through our Bright Beginnings Breakfast Club, we ensure that children start their day with healthy snacks that fuel their bodies and minds, while our Afternoon Adventures offers exciting, engaging activities that promote creativity and fun. We encourage healthy food choices and nutrition, supporting children in developing lifelong habits that benefit their well-being.**

**Guided by our motto, Live to Learn, Learn to Live, we aim to create a secure and nurturing environment where children are encouraged to explore, learn, and grow. We believe in fostering positive attitudes, respect for others, building confidence and skills that extend beyond the classroom**

**Ryhope Infant School Academy agrees to:**

* Provide care for your child during the contracted hours between 3.15pm – 5.30pm
* Provide a variety of age appropriate activities which encourage child development
* Notify parent / carer of any accident or injury occurring whilst the child is attending the After-School Club
* Provide a healthy drink and snack for your child

Signed on Behalf of Ryhope Infant School Academy

 

Mrs Allen – Head Teacher

**Parent / Carer agrees to:**

* Book and pay for all After School Club places in advance via ParentPay
* Collect my child on time from the School Hall entrance. If I am late, I will pay a Late Collection fee of £5 and agree that persistent lateness will result in this care being withdrawn
* I will provide names and phone numbers for nominated adults to collect my child and update you as soon as possible if any of these details change
* Advise staff of any allergies or medical conditions immediately
* I accept that if my child displays poor behaviour or consistent poor behaviour, that the right to attend the club may be withdrawn
* Sign my child out of the club when collected

I have read, understood and agree to the above terms and conditions

Parent / Carer Name Parent / Carer Signature

Relationship to Child Date:

Child Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Childs Full Name** |  | **D.O.B** |  |
| **Food Allergies** | No / Yes (please explain if yes) |
| **Medical Conditions** | No / Yes (please explain if yes) |
| **Special Dietary Requirements** | No / Yes (please explain if yes) |

Parent / Carer Details:

|  |  |  |
| --- | --- | --- |
| **Full****Name** | **Relationship to Child** | **Contact** **Details** |
|  |  | Mobile |  |
|  |  | Landline |  |
|  |  | Email |  |
|  |
|  |  | Mobile |  |
|  |  | Landline |  |
|  |  | Email |  |

Photographs:

I agree to my child having photographs taken whilst attending After School Club which will only be used to promote the activities and snacks provided within the Club via the following:

 Class Dojo Facebook School Posters/ Leaflets School Website

Signed: Date:

(Afternoon Adventures Only)

The following people have my permission to collect my child:

|  |  |  |
| --- | --- | --- |
| **Full****Name** | **Relationship to Child** | **Contact** **Details** |
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