



**PAALS - PUPIL INFORMATION FORM 2026 to 2027**

| Child | First Name | Surname | Date of Birth | Class |
|-------|------------|---------|---------------|-------|
| 1     |            |         |               |       |
| 2     |            |         |               |       |
| 3     |            |         |               |       |

| Parent/Carer's Relationship to Child | Name | Contact Telephone Number | Contact Priority |
|--------------------------------------|------|--------------------------|------------------|
|                                      |      |                          |                  |
|                                      |      |                          |                  |

|          |  |
|----------|--|
| Address: |  |
|----------|--|

**IN CASE OF EMERGENCY** please indicate with whom initial contact should be made and who will normally collect your child(ren) between the hours of 3.05pm and 5.45pm.

|                          |  |
|--------------------------|--|
| Mother / Father / Others |  |
|--------------------------|--|

Name, Address and Telephone Number of relative or friend willing to receive child(ren) if he/she has to be sent home and parents are unavailable:

| Name | Relationship | Contact Number | Address |
|------|--------------|----------------|---------|
|      |              |                |         |
|      |              |                |         |

**MEDICAL INFORMATION (Name, Address and Telephone Number of Family Doctor)**

| Name of GP Practice | Address of Surgery | Contact Telephone Number |
|---------------------|--------------------|--------------------------|
|                     |                    |                          |

Any special medical information e.g. allergies, special blood group, need for special medicine or treatment, dietary needs.

Government Regulations (Pupils' Registration (amendment) Regulation 1988 requires details to be given to school of any parent or legal guardian NOT resident at the child's home address. Please complete, if applicable, below:

Name and Address of any parent or legal guardian **NOT** resident at child's home:

| Name | Address |
|------|---------|
|      |         |



## **PAALS - TERMS OF USE AGREEMENT 2026 to 2027**

**PAALS CONTACT PHONE NUMBER: 07749 262595 (for use in an emergency during PAALS session)**

### **Days and Hours**

PAALS runs after school each day from 3.05pm to 5.45pm (2 hours 40 minutes) for children who are pupils at Aylward. You may pick your child up at any time during this period but please ensure you are here by 5.45pm as we will charge a fee of £16 for late collection.

### **Charges**

#### **REGULAR ATTENDANCE**

☐ Option 1 - **Regular attendance – Until 5.45pm- place guaranteed**, cost of **£9.00** per session/**£8.00** for siblings. You will be charged for every session you have requested regardless of whether your child attends.

☐ Option 2 – **Regular attendance - Until 4pm - place guaranteed**, cost of **£5.00** per child per session. You will be charged for every session you have requested regardless of whether your child attends.

#### **Option 1 & 2 only - Please tick days required:**

|        |  |         |  |           |  |          |  |        |  |
|--------|--|---------|--|-----------|--|----------|--|--------|--|
| MONDAY |  | TUESDAY |  | WEDNESDAY |  | THURSDAY |  | FRIDAY |  |
|--------|--|---------|--|-----------|--|----------|--|--------|--|

**Not booked/late collection from school** - if your child arrives for a session without prior booking or is late collected at the end of the school day, the cost is £7 up until 4pm and £12 if collected later than 4pm. There is a £16 Late collection charge if children are not collected from PAALS by the finish time of 5.45pm.

Attendance at PAALS is recorded on a weekly basis. All fees must be paid regularly as failure to pay could jeopardize your child's/children's place at PAALS. Unfortunately, all non-attendance at PAALS and any sickness absence will still be charged. We reserve the right to offer places to someone else on the waiting list if you do not use the place on a regular basis. Parents will be notified of this. Should you wish to withdraw your child from PAALS permanently, we require one month's notice in writing; notice is at our discretion if there is a waiting list at the time.

**I / We confirm I have read and agree to the terms and conditions of PAALS as outlined above.**

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ (please print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Information given on this form will be recorded on computerized School files under the terms of the Data Protection Act 2018 . THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL TO THE SCHOOL