Happy in his loving care





St Augustine Webster Catholic Voluntary Academy

Wrap Around Care Policy

| Date agreed by governors: | October 2020 |
|---------------------------|--------------|
| To be reviewed: | October 2023 |
| Policy Holder | Head teacher |

Introduction

St Augustine Webster Catholic Voluntary Academy Wrap Around Care (WAC) is run by St Augustine Webster Catholic Voluntary Academy to provide high quality out-of-school hours childcare for our parents. It provides a range of stimulating and creative activities in a safe environment.

The WAC operates from 8:00am – 8.50am (Breakfast) and from 3.30pm – 6:00pm- Monday –Thursday 3:30pm-5:30pm on Fridays (After School) term time only, and current costs for each session can be obtained from the School Office or on the school website. A copy of this policy is provided to all parents of children attending WAC and is also available on the school website.

All parents must complete a registration form for each child attending WAC and sign an agreement to adhere to the terms of this policy.

Admissions

- Only children attending St Augustine Webster Catholic Voluntary Academy are eligible to attend WAC.
- Children from Nursery to Year 6 are admitted.
- All places are subject to availability.
- The registration process must be completed prior to the child's commencement at WAC.
- All parents will receive a paper copy of this policy and this policy is available to view via our school website.
- All WAC staff are made aware of the details of a new child.
- Children's attendance is recorded in a register.

Arrival and Departure

Breakfast

- Parents/Carers are required to bring their child directly to WAC. You should enter the WAC via the external gate and then proceed to the main reception.
- For safety reasons, parents/cares should not use the staff car park when dropping children off. Please be mindful of our neighbours when parking in the surrounding streets.

After School

All EYFS/KS1 Children will be collected and taken to WAC by a member of WAC staff. KS2 children will walk themselves from their class to the school hall.

WAC staff will take a register of all children and will liaise with the class teacher/school office to determine any reason why a child is not accounted for.

Departure

- When a child is collected at the end of or during a session, they must be signed out by a parent/carer or named collector and the time recorded.
- The parent/carer or named collector must inform a member of WAC staff that they are collecting and signing out a child.
- Parents/carers must ensure that any person who may collect their child is listed on the registration form and that it is kept fully up to date.

Daily Routine

Breakfast

- 8.00am 9.00am parents bring their children to Wrap Around Care.
- Children wishing to have breakfast wash their hands ready to enjoy a freshly prepared breakfast.
- 8.35am breakfast food stops being served.
- 8.45am tidy up time.
- 8.50am children collect their coats and bags. EYFS/KS1 Children are escorted to the appropriate place to begin lessons at 9.00am. KS2 children walk themselves from the school hall to their class.

After School

At the end of the day younger children will be escorted to the provision.

- 3.30pm children are registered.
- 3.45pm 4.00pm children will wash hands and will be offered a snack and drink. Children can then choose from a range of play and planned activities, both indoors and outdoors (weather dependent).
- 4:45pm A meal and dessert is served

Behaviour

Whilst attending WAC children are expected to follow the school's Behaviour Policy. Behaviour expectations and sanctions will therefore be consistent with those at other times of the school day.

Exclusion from Wrap Around Care:

School Policies including our Behaviour Policy apply in the same way as they do during the main school day. We reserve the right to refuse a child who fails to meet these standards. If the behaviour of the child is unacceptable, for the safe and efficient running of the WAC, parents will be informed, and a written warning given to the child. Any additional unacceptable behaviour will result in the child being excluded from the WAC for a period of time deemed appropriate by the SLT.

First Aid

All accidents will be dealt with in line with the school's First Aid Policy.

Missing or Uncollected children

Missing

In the event that a child who is supposed to attend WAC does not, the following procedure will be undertaken:

- Senior school staff will be informed of the missing child.
- WAC staff will search the inside of the building and delegate an outside search of the building to another member of staff. If the child remains missing, the emergency services will be contacted.

Uncollected children

If a child has not been collected by 6.00pm (5:30pm ON FRIDAY'S ONLY) parents will be contacted in the first instance by telephone.

The additional contacts parents have provided will be telephoned in the second instance. If these contacts are unavailable after approximately one hour, the police and Social Services will be informed.

A charge will be levied for late collection. A fee will be applied for late collection from 6.05pm, 5:35PM on Friday's of £15, for every additional 10 mins after this a further £10 will be incurred. This charge will be invoiced separately.

Booking and Payment of Fees

All Club members will receive a booking form half termly in advance, all payments should be received by the date stated on the form to be entitled to a reduced rate.

It is a requirement of the Club that parents pay their fees promptly in accordance with the payment schedule. Fees are to be paid in advance, and payment is due for all contracted sessions even if your child is unable to attend their booked session.

The parent signing the Clubs registration form is known as the 'contracting parent' and is responsible for payment of all fees.

If a parent is experiencing difficulty with payment of their fees, they should contact the wrap around care coordinator as soon as possible. Our staff will treat all matters confidentially and arrange for discussions in private.

Wrap around Care coordinator- Mrs Abdi-Stephenson Email- wraparoundcare@staugustinewebster.net

Procedures for payment of fees

- All invoices/statements are on your Parentpay account.
- All payments must be paid ½ termly in advance.
- Payments can be made on your Parentpay account this must be set up before your child attends.
- Payment can also be made by Childcare vouchers you must inform the school via WAC email address, if you wish to use this service.
- All receipts are on your Parentpay.

If payment is not received ½ termly in advance the school reserves the right to withdraw the offer of a childcare place until the outstanding debt is cleared.

Related Whole School Policies:

- Behaviour Policy
- Anti-Bullying Policy
- Child Protection Policy
- Health and Safety Policy

Review and Monitoring

This Policy will be reviewed annually by the Governing Body

St Augustine Webster Catholic Voluntary Academy Before and After School Club Agreement

| the St Augustine Webster Catholic Voluntary Academy wrap around care policy and I agree to abide by the terms therein. I accept that I am the 'contracting parent' for the above child and agree to make payments to St Augustine Webster Catholic Voluntary Academy for wrap around care ½ termly on Parentpay. I understand that if I do not keep up with payments, the offer of a place for my child may be withdrawn. The sessions in this contract are 8:00am – 8.50am and 3.30pm – 5.30 pm Monday-Thursday- 3:30pm-5:30pm Friday. Parent Signature |
|---|
| Augustine Webster Catholic Voluntary Academy for wrap around care ½ termly on Parentpay. I understand that if I do not keep up with payments, the offer of a place for my child may be withdrawn. The sessions in this contract are 8:00am – 8.50am and 3.30pm – 5.30 pm Monday-Thursday- 3:30pm-5:30pm Friday. Parent Signature |
| understand that if I do not keep up with payments, the offer of a place for my child may be withdrawn. The sessions in this contract are 8:00am – 8.50am and 3.30pm – 5.30 pm Monday-Thursday- 3:30pm-5:30pm Friday. Parent Signature |
| withdrawn. The sessions in this contract are 8:00am – 8.50am and 3.30pm – 5.30 pm Monday-Thursday- 3:30pm-5:30pm Friday. Parent Signature |
| The sessions in this contract are 8:00am – 8.50am and 3.30pm – 5.30 pm Monday-Thursday- 3:30pm-5:30pm Friday. Parent Signature |
| 5:30pm Friday. Parent Signature |
| Print name Date Signedon behalf of the St Augustine Webster Catholic Voluntary Academy wrap around care. School Club |
| Date |
| Signedon behalf of the St Augustine Webster Catholic Voluntary Academy wrap around care. School Club |
| Signedon behalf of the St Augustine Webster Catholic Voluntary Academy wrap around care. School Club |
| Academy wrap around care. School Club |
| Academy wrap around care. School Club |
| Print Name Date |
| Print Name Date |
| |
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| Please complete and return to school. |
| Pupil Registration Form |
| PUPILS PERSONAL INFORMATION |
| Child's First name(s): |

| Surname: | | | | |
|------------------------|-----------|---|------|-------------|
| | | | | |
| Home address: | | | | |
| | | | | |
| | | | | |
| | | _ | | |
| Post Code: | | | | |
| Date of Birth: | | _ | | |
| CONTACT INFORMATION | <u>ON</u> | | | |
| Parent or Guardians na | ame: | | | |
| Contact numbers: | Mobile: | | | |
| | Work: | | | |
| | Home: | | | |

| Contact numbers: Mobile: | Parent or Guardians name: | | |
|--|---------------------------|---|--|
| Emergency contact name and number: Relationship to child: Emergency contact name and number: Relationship to child: Please complete and return to school. Pupil – Medical Information Doctor's name and address: Doctor's telephone number: Should my child need medical advice or intervention and I cannot be contacted I authorise/do not authorise (please delete as appropriate) the Club or school staff to act as they see fit in the best interests of my child. I agree/do not agree (please delete as appropriate) to photographs of my child being used in newspaper articles or on Twitter. | Contact numbers: | Mobile: | |
| Emergency contact name and number: Relationship to child: Emergency contact name and number: Relationship to child: Please complete and return to school. Pupil – Medical Information Doctor's name and address: Doctor's telephone number: Should my child need medical advice or intervention and I cannot be contacted I authorise/do not authorise (please delete as appropriate) the Club or school staff to act as they see fit in the best interests of my child. I agree/do not agree (please delete as appropriate) to photographs of my child being used in newspaper articles or on Twitter. | | Work: | |
| number: | | Home: | |
| Emergency contact name and number: Relationship to child: Please complete and return to school. Pupil – Medical Information Doctor's name and address: Doctor's telephone number: Should my child need medical advice or intervention and I cannot be contacted I authorise/do not authorise (please delete as appropriate) the Club or school staff to act as they see fit in the best interests of my child. I agree/do not agree (please delete as appropriate) to photographs of my child being used in newspaper articles or on Twitter. | • , | | |
| Relationship to child: Please complete and return to school. Pupil – Medical Information Doctor's name and address: Doctor's telephone number: Should my child need medical advice or intervention and I cannot be contacted I authorise/do not authorise (please delete as appropriate) the Club or school staff to act as they see fit in the best interests of my child. I agree/do not agree (please delete as appropriate) to photographs of my child being used in newspaper articles or on Twitter. | Relationship to child: _ | | |
| Please complete and return to school. Pupil – Medical Information Doctor's name and address: Doctor's telephone number: Should my child need medical advice or intervention and I cannot be contacted I authorise/do not authorise (please delete as appropriate) the Club or school staff to act as they see fit in the best interests of my child. I agree/do not agree (please delete as appropriate) to photographs of my child being used in newspaper articles or on Twitter. | • , | | |
| Doctor's name and address: Doctor's telephone number: Should my child need medical advice or intervention and I cannot be contacted I authorise/do not authorise (please delete as appropriate) the Club or school staff to act as they see fit in the best interests of my child. I agree/do not agree (please delete as appropriate) to photographs of my child being used in newspaper articles or on Twitter. | Relationship to child: _ | | |
| Doctor's name and address: Doctor's telephone number: Should my child need medical advice or intervention and I cannot be contacted I authorise/do not authorise (please delete as appropriate) the Club or school staff to act as they see fit in the best interests of my child. I agree/do not agree (please delete as appropriate) to photographs of my child being used in newspaper articles or on Twitter. | Please complete and r | return to school. | |
| Doctor's telephone number: Should my child need medical advice or intervention and I cannot be contacted I authorise/do not authorise (please delete as appropriate) the Club or school staff to act as they see fit in the best interests of my child. I agree/do not agree (please delete as appropriate) to photographs of my child being used in newspaper articles or on Twitter. | | Pupil – Medical Information | |
| Should my child need medical advice or intervention and I cannot be contacted I authorise/do not authorise (please delete as appropriate) the Club or school staff to act as they see fit in the best interests of my child. I agree/do not agree (please delete as appropriate) to photographs of my child being used in newspaper articles or on Twitter. | Doctor's name and ad | dress: | |
| authorise (please delete as appropriate) the Club or school staff to act as they see fit in the best interests of my child. I agree/do not agree (please delete as appropriate) to photographs of my child being used in newspaper articles or on Twitter. | Doctor's telephone nu | umber: | |
| newspaper articles or on Twitter. | authorise (please dele | | |
| Medical information: Please give details of any allergies etc. that we should be aware of. | | | |
| | Medical information: | Please give details of any allergies etc. that we should be aware of. | |
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| Please specify any additional detailed information that you think the Clubs should be made aware of: | | |
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| Please complete and return to school. | | |
| CONTACT LIST | | |
| CHILD'S NAME | | |

Please provide on the list below the full names of all individuals authorised to collect your child from our wrap around care, including parents and carers.

| | Name | Relationship to child |
|---|------|-----------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |