



Dear Parents

Thank you for your recent enquiry regarding our out of school club at the Lant Sports and Community Centre (next to the tennis courts), Meeting House Lane, Balsall Common. CV7 7GE.

Please find enclosed our brochure which, gives you a flavour of what we can offer. Our best testament are the children themselves and we recommend you take some time to visit the club accompanied by one of our senior staff.

We have included a registration request within this pack if you want to look at reserving a spot for your star/s. Reservations are accepted subject to availability but we also offer a waiting list. Please return this to the address listed below. Feel free to contact us with any questions you have or to arrange a visit to the club. We look forward to meeting you and your family.

Yours Sincerely

Dr. Sonya Wallbank
Director

Before/After school and Holiday Club Care
Registered Office: 656 Kenilworth Road, Balsall Common. CV7 7DY.
Tel: 01676-532853
E: CapellasHQ@aol.com
www.capellas.co.uk

Fees

Before school care is offered from 7.30-9.00 and includes breakfast and transfer to school. After school care is offered from 15.20-18.00 and includes a freshly cooked tea. Holiday club care is offered from 7.30-18.00 and includes breakfast and tea.

Before school club	£5 per session
After school club	£10 per session
Holiday Club	From £10
Extra care for Holiday Club	£5 per ½ hour
Sibling Discount	-10% off siblings place

Please complete one form per child.

Tell us about your star!

Name.....

SchoolClass.....

Date of BirthAge.....Gender M/F

Allergies/medical conditions

.....

**Other information about your child you would like us to know
(please include any favourite activities)**

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.....

Please indicate if there are any foods or drinks that your child cannot have for health and/or religious reasons:

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.....

Does your child have any health problems or special needs? If yes, please give details:

.....

.....

Does your child require any enhanced support with learning? If yes, please give details.

.....

.....

Registration Request

Parents/Legal Guardian Information

NameRelationship to child.....
Address.....
.....Postcode.....
Home no.Mobile no.....
Work address (if applicable)
.....
.....
Job RoleWork no.....

NameRelationship to child.....
Address.....
.....
Home no.Mobile no.....
Work address (if applicable)
.....
.....
Job RoleWork no.....

Please continue on a separate sheet if necessary.

You will be asked to provide identification for all those people you have listed here. Should an emergency situation arise where you wish someone else to collect your child, please provide us with a password that can be used to authorise the request.
.....

Note. Passwords are changed after each use.

Please indicate which days you wish to register for care. Please note that alterations or notification of changes to the care you need are required one month in advance.

	Before school 7.30-9.00	After school 15.20-18.00	Holiday Club 7.30.00-18.00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total Sessions			
Requested start date			

Declaration: I confirm I have parental responsibility for the above child. I would like to reserve a place for my child at the Balsall Common Club. If I am making an advanced booking I have enclosed a deposit for £49 to reserve a place for my child. The reservation fee will be deducted from my invoice unless I withdraw my child from the waiting list upon which I will forfeit my deposit. In the event *that Capellas are unable to offer you a place you will receive a full refund. Please make cheques payable to ‘Capellas Ltd’*

Signed

Relationship to the child

Date:

What’s next?

Thank you for completing the form; once it has been received and we confirm a place is available, we will send you a contract of care all that remains is for the fun to begin...

Dietary Fact Finder

Does your child suffer from a known Nut Allergy? Yes/No

Does your child suffer from any other food allergies? Yes/No
Please List.

**Does your child have any diet related medical conditions
e.g diabetes?**

Yes/No

Registration Request

Has your child suffered any adverse reaction to any particular food?

Yes/No

Does your child have any food related intolerance issues? Yes/No

What is their favourite fruit? _____

What is their favourite vegetable? _____

What are their favourite foods? _____

What are their least favourite foods? _____

Any other food related information you would like to share?