



Application Form for School Pick Up/Drop Off

Family Name		First Name	
Date of Birth		Boy / Girl	
Full Name of parent(s) or adult(s) with whom child lives			
Home Address and Telephone Number		Post code	
Mobile No:		Work Telephone No:	

Please tick the boxes below to indicate the sessions you require.

School Pick up/ Drop Off		
Days Required	Morning Pick	Afternoon Drop Off
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Is there any other information you would like to share with about your child?	
Signed:	Date:
Relationship to Child:	



Welling Methodist Church, 191 Bellegrove Road, Welling, DA16 3RA

Fees

Fees must be paid on Monday or the first day of the week that the child attends. Fees can also be paid in advance (monthly / termly).

Fees must be paid into: **Barclays Bank, Account Name: Kiddz Haven Ltd Account No. 63095037, Sort code: 20-62-69**

Late payment: any child owing two weeks fees will be excluded from school run club until all debt is paid.

Absence charge

Child/ren not attending on their chosen day/s will still have to pay, regardless of circumstances.

Termination of contract

The contract may be terminated by Kiddz Haven Ltd due to consistent/extreme poor behaviour or falling behind on payments. Please note, any abuse of staff (physical or verbal) by any adult representing your child will lead to your child's place being terminated. The contract may be terminated by the parent / carer (with no cost incurred) if **4 weeks** notice is given. If no notice is given, the cost of two weeks fees will be charged to the parent / carer.

Signatures

This agreement is binding to both parties
I / we agree to the terms and conditions

Parent / carer name _____

Signature _____

Date _____

On behalf of Kiddz Haven

Signature _____

Date _____