



CATALYST ACADEMIES TRUST

Somers Heath Primary School

Before School Provision Contract Agreement 2025/2026

I understand the following:

- Before School Provision operates from 7:30am to 8:45am, term time only.
- The cost is £5.00 per session and £4 for subsequent siblings, **payable in advance** at the start of each week via Arbor. The parent/carer signing this agreement is liable for paying the fees.
- Even if my child does not attend all their booked sessions in a week, due to illness, holiday, or other circumstances, missed sessions will still be charged as the Provision has the same daily staffing costs.
- I must not leave my child at school before 7:30am.
- Breakfast is served only up to 8.15am
- 8.35am is tidy up time encouraging the children to take responsibility for the environment.
- 8.40am children collect their coats and bags and are escorted to their appropriate classroom, to start their school day.
- Before School Provision is a play setting and whilst my child is there, the Provision is legally responsible for him/her.
- For the safeguarding of your children **ALL** pupils Year 4 and below must be escorted into the reception area and registered as present by a parent/carer, **pupils should not be allowed to mark themselves in on the register**, as this is a legal document. Year 5/6 children may walk unaccompanied if given written permission to do so by their parent/carer. Children walking alone will have to self-register at reception. **N.B.** Year 6 children may only bring their own siblings
- Whilst the Before School Provision tries to ensure the safety and security of items, it cannot be held responsible for loss or damage to my child's property.

I will give one weeks' notice of cancellation should I no longer wish my child(ren) to attend Before School Provision.

I will inform the school as soon as possible of any change of days or circumstances as necessary.

I agree to my child(ren) receiving medical treatment by a qualified first aider or medical professional in the event of an emergency and that I will be contacted as soon as possible.

I confirm that I have supplied all the current medial/dietary/health information and contact details relating to my child(ren) and understand that I am responsible for updating these



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details and supplying any other information Before School Provision Staff may need in the future.

I wish my child(ren) _____

to attend *Before School Provision* each week from (date): _____

Days required: Monday Tuesday Wednesday Thursday Friday

Allergies/diet/health concerns: _____

I have read and understood the above terms and conditions and I agree to abide by them.

Signed: _____

Parent/Carer

Print name: _____

Date: _____