

10. BOOKING FORM:

Childs full name: _____

Name to be called at Club: _____

Date of birth: _____

Name of person/s
with parental
responsibility
for this child:

- _____
- _____
- _____

School attended: _____

First language: _____

Names of parents or carers: _____

Home address: _____

Telephone Numbers:
Home: _____

Mobile: _____

Work: _____

Please give full details of any other authorised person(s) able to collect your child

I consent for my child to attend this Club, I understand that the Club has appropriate policies, procedures and statements in place.

I understand that there are expectations and obligations relating to both the Club and myself and agree to abide by them.

I understand that persistent late or non-payment of fees will jeopardise my child's continued place at the Club.

I confirm that the information given on all forms is correct and agree to notify the Club staff of any changes in details.

Signature of Parent/Carer: _____

Parents name: _____

Date: _____

Please tick off the days you would like your child to attend.

Monday	Tuesday	Wednesday	Thursday	Friday

Please be aware that we currently have a waiting list for every day of the week, some days may have a shorter waiting list than others.

Would you require transport?

YES	NO

11. Medical Form:

Childs Name: _____

Doctor: _____

Address: _____

Telephone: _____

Does your child or the child in your care have any known medical problems or additional needs? (Please list below)

Does your child have any known allergies or major dislikes with foods or materials? (Please list below)

If your child has any allergies, please complete the allergy form enclosed.

Any other information?

Parent / Carer Emergency Contact Telephone Numbers:

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate treatment before I can get to the hospital, I hereby authorise the staff member present consent to administer any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Parent Signed: _____

Parent Name: _____

Date: _____

12. Allergy Management Plan:

Name: _____

Address: _____



Allergy can be triggered by: _____

Child's reactions include: _____

Treatment
Please Complete Administration of Medicine Form

Parents Name: _____

Contact Details: _____

13. Administration of Medicine Form:

This form must be filled in before medicine is given to the child.

Name of Child: _____

Date of Birth: _____

Address: _____

Child's Doctor: _____

Surgery Address: _____

Surgery Telephone: _____

Reason for Medicine: _____

Name of Medicine: _____

Expiry Date: _____

Storage Requirement: _____

Dosage and Times

To be Administered: _____

I have read and understand the Administration of Medicines Policy. I give permission for the staff to administer the medicine as described on this form.

Parent Signed: _____

Parent Name: _____

Date: _____

14. Photograph Consent:

Dear Parent / Carer,

While caring for your child, the occasion sometimes arises to take photographs to share with you, for use in promotional literature & media publication or to keep for provision records. In order to do this, your permission is required.

Name of Child: _____

I am the parent/carer of the child named above and I give permission for my child to be photographed by the childcare worker(s) at the Club for the following reasons (please tick all that apply):

- | | |
|--------------------------|---------------------------------------------------|
| <input type="checkbox"/> | • Out of School Club Album |
| <input type="checkbox"/> | • Play workers Coursework |
| <input type="checkbox"/> | • Promotional Literature |
| <input type="checkbox"/> | • School Website |
| <input type="checkbox"/> | • Local Newspaper / Magazine |
| <input type="checkbox"/> | • National Newspaper / Magazine |
| <input type="checkbox"/> | • Care and Education Service Publications |
| <input type="checkbox"/> | • Care and Education Service Website |
| <input type="checkbox"/> | • Other Publications, such as the Local Newspaper |
| <input type="checkbox"/> | • Other Organisation's Promotional Literature |
| <input type="checkbox"/> | • Other Organisation's Websites |
| <input type="checkbox"/> | • Other |

I understand that there will be no payment for my child's participation in any photographs used in this manner.

Parent Signed: _____

Parent Name: _____

Address: _____

Date: _____

15. Contract of Registration:

Name of Child / Children: _____

Start Date: _____

Fees

The current fees are shown in the parents brochure. By agreeing to the terms and conditions including the payment fees. I understand that non-payment of fees could jeopardise my child’s place at the club.

Registration and Medical Detail

The registration form provides the Club with essential information for the security of my child. It is important that this information is correct and up to date. I must inform the After School Club Leader of any changes to the registration.

Snacks

The snack provided by the Club is varied and meets nutrition standards. I must inform the club of any dietary requirements or needs before my child starts attending.

Sickness and Emergency Treatment

As the parent/carer, I will take into account the health and welfare of all the children who attend the Club. I will not bring my child to the setting if they are ill or have an infectious disease. In the event of an illness, accident or emergency, the Club will act on my behalf and take actions, which they consider appropriate. This may include taking my child out of the setting to seek medical attention. Every effort will be made to contact me immediately.

Child Protection

I understand that the staff have a duty of care towards my child and if staff have any child protection concerns regarding my child they will seek advice or refer the situation to social services.

Policies and Procedures

I am aware that the Club has a set of policies and procedures that apply and are accessible to me on request.

I (name of parent/carer): _____

Agree to all of the above information within the contract of registration.

Signed: _____

Date: _____