Registration Form for KIDS CLUB

DATE OF REGISTRATION	PLEASE SUPPLY THE NAMES OF TWO
NAME OF CHILD	PEOPLE WHO WILL BE COLLECTING
	YOUR CHILD. PLEASE NOTE THAT NO-
	ONE UNDER 18 MAY COLLECT A CHILD:
LIKES TO BE CALLED	1. NAME:
	ADDRESS:
AGE	
DATE OF BIRTH	TELEPHONE NUMBER:
	RELATION TO CHILD E.G. CHILDMINDER,
	PARENTS FRIEND, GRANDPARENT ETC.:
SCHOOL ATTENDED	2. NAME:
	ADDRESS:
HOME ADDRESS	
	TELEPHONE NUMBER:
	TELET HONE WOMBER.
PARENT/CARERS NAME	RELATION TO CHILD:
ADDRESS IF DIFFERENT FROM CHILD'S	EMERGENCY CONTACT
	FRIEND/RELATION ETC.
	NAME AND ADDRESS:
HOME TELEPHONE NUMBER	
DAYTIME TELEPHONE NUMBER	TELEPHONE NUMBER:
DATTIME TELEFITONE NUMBER	
SIGNATURE OF PARENT	RELATION TO CHILD:
	WHO DOES CHILD USUALLY LIVE WITH?
PASSWORD FOR EMERGENCY CONTACT:	WHO DOES CHILD USUALLY LIVE WITH?
WHO HAS PARENTAL RESPONSIBILITY	ANY COURT ORDERS RELATING TO
FOR CHILD? (SEE ATTACHED FOR DEFINITION)	CHILD:

CHILDS NAME IN THE UNLIKELY EVENT OF YOUR CHILD NEEDING EMERGENCY MEDICAL TREATMENT WHILE AT THE CLUB IT WOULD BE HELPFUL IF YOU WOULD SIGN THE FORM BELOW. MEDICAL DETAILS CONSENT FOR EMERGENCY MEDICAL TREATMENT. I consent to any emergency medical treatment for my child necessary during the running of the club. I authorise playcare staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety. (Tick) Yes No Signed **Relation to child** Date **CHILD'S DOCTOR** Form completed by NAME AND ADDRESS NAME **TELEPHONE NUMBER RELATION TO CHILD** DOES YOUR CHILD HAVE ANY KNOWN DATE MEDICAL PROBLEMS? **IF SO, GIVE FULL DETAILS** DOES YOUR CHILD REQUIRE FOR CLUB USE Where relevant had the medicine book been filled MEDICATION PRESCRIBED BY A DOCTOR, TO BE GIVEN DURING CLUB out? TIMES? By whom? -----Date -----**IS YOUR CHILD ALLERGIC TO ANYTHING?** DOES YOUR CHILD HAVE ANY MAJOR **DISLIKES E.G. CERTAIN FOODS OR** MATERIALS? ANY OTHER INFORMATION

Medical registration form for Kids Club

In the event of your child needing a change of clothes while at the club e.g. soiling accident, it would be helpful if you would sign the form below.

If your child regularly has soiling accidents please provide the club with a spare change of clothes and underwear.

I consent to club staff cleaning and changing my child if necessary.

Yes No Tick and sign ------

We will ensure that all data provided is processed in line with our Privacy Notice and other relevant policies.

Waterthorpe Kid's Club

Parent/Carer's Contract

Parent / Carer Name

Child's Name

- I understand that the club is a playcare facility and that whilst my child is there, the club is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- My child will be given stimulating and challenging play opportunities in a fun and safe environment.
- Once my child is delivered to the club, he/she will be in the care of the club until collected and signed out by the person/s named on my child's registration form.
- I will inform the club Co-ordinator if I am collecting my child from school on a day that he/she is booked in to the club.
- I will book into the club and will pay promptly for sessions even when my child does not attend, unless I give 24 hours notice of cancellation or my child is ill and absent from school.
- It is my responsibility to keep the club Co-ordinator informed of any alterations to information regarding my child.
- I accept that whilst at the club, my child may get involved in messy activities.
- The club closes at 6p.m and if for any unforeseen circumstances I am going to be late, I will contact the Co-ordinator immediately.

- If my child is not collected by 6p.m I will pay a charge of £9 for every quarter hour that I am late to cover the costs of the two staff who are legally required to stay to care for my child. An exception to this may be made if I have not collected my child late before and I contact the club to say I will be late.
- If any child remains at 7p.m after doing everything possible to contact parents and emergency contacts, then the club will be legally required to contact the Safeguarding Children Service (Social Services)
- Whilst we try to ensure the safety and security of items, we cannot be held responsible for anything lost or stolen.
- I have read the behaviour policy and agreed to the terms and appreciate that in some circumstances it may be necessary to exclude my child from the club and I will pay for these missed sessions.
- Should there be any incidents at the club involving my child, than I will be informed of the situation.
- If my child has an accident, then he/she will be treated by a qualified firstaider and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment they will be taken to hospital where staff will follow guidelines on giving Emergency Medical Treatment without Parental Consent.
- Any information and details regarding my child will be treated as confidential. However, there may be times, for example in cases of child protection concerns, when details of my child may be passed on to other agencies, for example Police, Social Services and Health Care Professionals.

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

Signature	
Relationship to Child	
Date	

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