



Registration Form

Child's Details

Name	Current year group	Date of Birth	M/F
Ethnic Origin	School Attended		

I wish to register my child for (please tick):

- Breakfast Club
- After school club
- Breakfast and After school Club
- School Holidays
- Occasional Users

Parent/Carer Details

Name
<u>Home Address</u>
Telephone:
<u>Work Address</u>
Telephone:
Mobile Number:
Email Address

Name
<u>Home Address</u>
Telephone:
<u>Work Address</u>
Telephone:
Mobile Number
Email Address

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Alternative Emergency Contact Details (please provide details of at least one other person we can phone if we are not able to contact you)

Name	Relationship to Child	Mobile Number
Address		Other Telephone Number:

Name	Relationship to Child	Mobile Number
Address		Other Telephone Number:

Details of Child's Doctor

Name of Doctor	
Address of Surgery	Telephone Number

About Your Child

Please detail any additional/special needs:
Please detail any medical needs including details of any medication:
Please detail any allergies:
Please detail any dietary requirements:
Any additional information:

I give permission for a member of staff to administer appropriate first aid if required.

I give permission for a member of staff to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be informed immediately on the above telephone numbers.

Signed.....Date.....

- I consent to my child attending this club. I understand that the club has policies and procedures, there are expectations, and obligations relating to the conduct of myself, and my child and I agree to abide by them. I understand that failure to do so will mean that my child will no longer be able to attend the club.
- I understand that my child will be provided with a snack and drink whilst at the club unless otherwise requested.
- Once my child is in the club, he/she will be in the care of the staff until they are been collected and signed out by a 'named' responsible adult.
- I will inform the club if my child will not be attending the club on a day that he/she is booked.
- I will pay promptly for sessions even when my child does not attend, unless other arrangements have been made with the manager.
- I accept that whilst at the club my child may get involved in messy activities.

Terms and Conditions

- I understand that persistent late or non-payment of fees may jeopardise my child's place.
- If my child is not collected by 6.30pm I will pay a charge of £5 per quarter of an hour to cover the costs of the two staff who are legally required to stay.
- If my child remains at 7.00pm, after doing everything possible to contact parents and emergency contacts, then I understand that the after school club staff will be legally required to contact Social Care.
- I understand that staff cannot be held responsible for any lost or stolen items.
- I understand that should there be any incidents either at the breakfast club or after school club involving my child, I will be informed of the situation.
- I understand that the club's policies will apply to both the breakfast after school and the school holidays clubs.
- I understand that the information given on this registration form is confidential. However, there may be times, for example in the case of child protection concerns, when details may be passed to other agencies in line with the child protection policy.

- I confirm that the information given on this form is correct and agree to notify the club of any changes in detail.
- I have read, and in signing this form accept the above conditions for my child attending the club.

MEDICAL INFORMATION

If your child is dependent on medication, an additional medical information form must be completed.	
Name of child:	
Any medical information the club needs to know about:	
Details and dosage of any medication being taken by the child (including inhalers):	
My child has an allergy to the following: (e.g. penicillin, nuts etc...):	
If considered necessary, do you give permission for the use of an appropriate plaster dressing to cuts or grazes? Yes/No (delete as appropriate)	
Doctor's Details:	
Name:	Tel:
Address:	
<p>Medication: The Elite Kids Club has a policy that it will only administer medication for life threatening diseases such as asthma and diabetes etc However, for any medication to be administered the medical information form must be fully completed and signed by the parent/guardian. The Club does not accept any responsibility for any adverse effects resulting from the medication administered by a staff.</p>	
<p>Hospital Consent (Please read the following carefully): Child's Name: _____</p> <p>In the event of illness or accident requiring hospital treatment, I hereby authorise the scheme's play</p>	

care workers to sign any written forms of consent required by hospital authorities if the delay in obtaining my own signature was considered inadvisable by the doctor or surgeon concerned.

Parent/Guardian signature: _____

FOOD/DIET

Name of Child:

My child may not eat the following:

As our centre promotes healthy eating, the children are offered a choice of nutritious food at breakfast and a snack in the afternoon. A copy of the menu is displayed for your information. If your child has any special dietary requirements please inform a member of our staff when completing the admission form. If you require any further information about the food we provide please ask a member of our staff.

Is there anything else that you think we should be aware of (religious requirements, behaviour, family situation, communication)?

Parental Consent:

I/we give permission for the child, named above, to attend the care scheme and join in any activity, indoor or outdoor. I agree to the play care workers acting on my behalf while my child is in their care.

I/we agree to abide by the club policies and guidelines and have received a copy of the Parental Information Booklet dated _____, which I have read.

(All club policies are available on request)

Parent/Guardian's signature:

Date:

Please ensure that you have completed and signed all sections, and then return this to the Club Manager/Supervisor.

I give permission for the named child to:

- play in the outside with supervision
- be face painted
- take part in individual / group photos
- for photos to be used for promotion i.e. Newspaper etc

Signature of Parent/Carer.....Date.....

Please print name.....

Elite Kids Club reserves the right to amend the terms/conditions and registration fees at any time. A copy of insurance /policies is available on your request

AGREEMENT BETWEEN PARENT / CARER(S) AND ELITE KIDS CLUB

- I understand that by completing and signing this contract and registration form
- I agree to meet the terms and conditions of Elite Kids Club.
- I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.
- I agree to collect/make arrangements for my child to be collected from Elite Kids Club immediately I am informed that he/she is unwell.
- I agree not to send my child to Elite Kids Club if he/she is unwell.

Name of parent/carer 1 _____ **Signature of parent/carer** _____

Name of parent/carer 2 _____ **Signature of parent/carer** _____

Signature of Club Manager: _____ Date_____

Personal information contained in this contract and registration forms are kept in line with the confidentiality policy and procedure Elite Kids Club.