**Breakfast/After School Registration Form**

# Child’s Details

|  |  |  |
| --- | --- | --- |
| Name  | Age | Date of Birth |
| Known as | Sept 2019 Year Group | Start Date |

I wish to register my child for (please check the required boxes)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast Club |[ ] [ ] [ ] [ ] [ ]
| After School |[ ] [ ] [ ] [ ]   |

[ ]  I wish to secure my child’s place on an ongoing basis for the days indicated above and agree to give 4 weeks’ notice of any changes

[ ]  I wish to book on a termly basis and understand that my child’s place may be allocated to someone else if they book before me.

**Contact Information**

**Please state below the name/s of any person who has**

**PARENTAL RESPONSIBILITY of this child**

|  |
| --- |
| Names of Parents/Carers |
|  1.   | 2. |
| Telephone |
| 1. |  2.  |
| Home Address |
| 1. | 2. (if different) |
| Please tick is the box if the child lives at this address |[ ]  Please tick is the box if the child lives at this address |[ ]
| Email Address |
|  1. |  2. |

# Details of others who have permission to collect your child

|  |
| --- |
| Names of Adult/s |
|  1.   | 2. |
| Telephone |
| 1. |  2.  |
| Relationship to Child |
| 1. | 2.  |

Alternative Emergency Contact Details – if there are any other emergency contacts you are happy for us to call please state them below:

|  |  |
| --- | --- |
| Name | Relationship to Child |

# Password Protection

# It is vital that we feel confident handing over your child to someone we might not know. In such cases we require a password that will ensure the safe return of your child.

# Please provide a relevant word that can be used, (and remembered), by all who will pick up your child.

|  |
| --- |
|  |

# Medical History TO BE KEPT CONFIDENTIAL

|  |
| --- |
| Name of Doctor  |
| Address of Surgery | Telephone Number |
| Health Visitor Name | Social Worker Name |
| Has your child been immunised against: |
| Diphtheria[ ]  | Tetanus[ ]  | Polio[ ]  | Whooping Cough[ ]  | MMR[ ]  |  |  |  |
| Please details any medical conditions we should be aware of e.g. epilepsy/asthma etc. |
| Please give details of any medication: |
| Please detail any allergies: |
| Please detail any dietary requirements: |
| Any additional information: |

**Should any matter arise, I give permission for my child to be given emergency treatment as necessary with the appropriate medical/health/social service authorities.**

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

**Signed Print Name**

**Date**

**Please note: No child should attend The Den if s/he appears to be suffering from an infectious disease OR within 48hrs of having vomiting and diarrhoea**

**About Your Child**

|  |
| --- |
| Is English your child’s first language? Any other language spoken?  |
| Are there any cultural or religious beliefs that we should be aware of?  |
| Please detail any additional/special needs:  |
| Please include here details of anything that will help your child settle in at The Den. This might include information about special family members, special toys, pets. |
| Any additional information:  |

**Declarations**

**Please check the boxes against each of the statements**

[ ]  I consent to my child attending this club. I understand that the club has policies and procedures and 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.

[ ]  In the mornings, I understand that my child will be offered a nutritious breakfast unless otherwise requested.

[ ]  After school, I understand that my child will be provided with a snack and drink unless otherwise requested.

[ ]  Once my child is delivered/collected for breakfast/after school, he/she will be in the care of the staff until collected and signed out by a ‘named’ responsible adult. I understand that without prior consent a child will not be released to any person who has not been named.

[ ]  I will inform The Den if my child will not be attending the club on a day that he/she is booked in to the club.

[ ]  I will pay promptly for sessions even when my child does not attend.

[ ]  I accept that whilst at the club my child may get involved in messy activities.

[ ]  I understand that staff cannot be held responsible for any lost or stolen items.

[ ]  I understand that should there be any incidents at The Den involving my child, I will be informed of the situation.

[ ]  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 give permission for The Den and All Saints School to liaise with regard to the care of children where it is appropriate.

**I give permission for the named child to:**

[ ]  play on Glebe fields with supervision

[ ]  be face painted

[ ]  take part in individual / group photos

[ ]  for photos to be used for promotion i.e. Newspaper etc.

**I confirm that the information given on this form is correct and agree to notify the club of any changes in detail.**

**Signed Print Name**

**Date**

**TERMS AND CONDITIONS**

**Full list of policies are available online or at the setting.**

**Confirmation of Place**

Your child’s place will be confirmed in writing once all registration forms are completed and the registration fee has been paid. This confirmation will include details of your child’s allocated sessions and commencement date.

**Policy Documents**

The Den has formulated a comprehensive set of policies and procedures to which we adhere.

Parents /carers are requested to read these prior to your child’s attendance. They can be found on the Club’s website or can be obtained from the setting. www.thedenclevedon.co.uk

**The Den Fees**

Fees are payable prior to attendance termly and in advance (unless they are paid by Childcare Vouchers). The initial deposit of £15 is paid to cover administration.

I understand that persistent late or non-payment of fees may jeopardise my child’s place, invoices will be issued at the end of every term and are payable within 14 days. If persistent non-payment continues we will follow the procedures outlined in our Non-Payment Policy.

If my child is not collected by 6pm I will pay a charge of £10 per quarter of an hour to cover the costs of the staff who are required to stay.

Fees are reviewed at the end of each academic year.

**Attendance and Absence**

All children should attend regularly at the sessions booked. Notice should be given in advance of absence for holidays, appointments etc. and as soon as possible in case of illness. Fees will be charged at the full rate for any periods of holiday or sickness.

**Left Child**

If my child remains at The Den beyond 6.30pm, after doing everything possible to contact parents and emergency contacts, then I understand that the The Den staff will be legally required to contact Social Care.

**Cancellation of Place**

If at any time you should decide that you no longer wish to retain you child’s place at The Den a minimum of four weeks notice in writing will be required or a term payment in lieu.

**Unforeseen Closure**

In the event of closure of The Den due to extreme weather conditions, flooding, loss of utility supplies, heating failure or other causes beyond the reasonable control of the manager The Den will close and the parent/carer accepts that no refund of fees will be made. This is due to continued operational costs of the The Den.

**Sickness/emergency treatment**

Children must not attend The Den while they are unwell or suffering from a contagious illness or infection. In the event of a child becoming ill whilst at The Den, the parent / carer will be contacted to arrange to take their child home. In the case of an infectious illness the recommended exclusion time must elapse before the child can be readmitted to The Den. The Den will adhere to the guidelines provided by the Health Protection Agency. In the case of an emergency The Den will contact the appropriate health professionals. If attendance at a hospital is required a senior member of staff will accompany the child and remain with the child until the child’s parent/carer arrives. The Den will continue with attempts to make contact with the parent/carer, if they have not been able to reach them immediately.

**Complaints procedure**

The Den has a complaints procedure. A copy of this is held in The Den, in compliance with Ofsted requirements.

**Ofsted Registration**

The Den is registered with Ofsted and complies with all Ofsted policies and procedures. The Den reserves the right to change the above Terms and Conditions as and when the need arises. One month’s notice will be given in writing to notify parents/carers of any changes.

**Agreement**

As parent/carer, I acknowledge that I have read and agree to the Terms and Conditions set out above.

|  |
| --- |
| Names of Parents/Carers |
|  1.  | 2.  |
| Signature |
|  |  2.  |
| Date |
| 1.  | 2.  |

**Registration Fee**

The registration fee is a ‘one off’ charge, payable at the start of the registration process.

**I/We enclose a cheque made payable to ‘The Den’ for £15.00**