

REGISTRATION FORM

All the children who attend must be registered with the club. Children are collected from school during term time and escorted safely to the club. Children remain at the club until collection by the nominated adult - unless children are over 10 years old, and have a signed agreement from parent/guardian with the club to walk home alone.

Child's Name (full)	Details of second contact other than collector, who may be able to collect your child in an emergency
Name to be called	Name
Address	Address
Date of Birth	Telephone Numbers
School Attended	Details of Child's Doctor
Name of Parent/Guardians	Name
Address	Address
Telephone Numbers (Parent 1)	Telephone Numbers
Home	Does your child have any known medical problems?
Work
Email
.....	Does your child have any known allergies or major dislikes e.g. certain food's or materials?
Mobile
Ethnic Origin
First Language Spoken
Other Languages Spoken
Name and address of other parent if different from the above	Special Dietary Requirements?
Name
Address
Telephone Numbers (Parent 2)
Work No	Class teacher
Home No
Mobile

Has your child visited hospital in the last twelve months?

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Reason.....

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.....

Is a doctor still seeing them ?.....

What (if any) action needs to be taken by us?.....

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Does your child take any prescribed medication?

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**Will this require medicine to be brought to the club?
(Please refer to our medicine policy)**

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**(If yes, an appointment will be made for you to discuss
this with the supervisor or proprietor)**

Is your child diagnosed with asthma?

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Will your require us to keep an inhaler at the club?

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**(If yes, an appointment will be made for you to discuss this
with the supervisor or proprietor)**

What inhaler is the child using?

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**If you have any concerns regarding the above, please make an appointment with either
the supervisor or Proprietor and we will be happy to discuss them with you.**

INCLUSION

We are an inclusive setting and endeavour to meet all children's individual needs to the best of our ability. We are supported by the Disabled Children's Information Services and able to access additional funding, training and resources that might be necessary for the care of individual children.

In order for us to be able to care for your child safely and effectively, it would be very helpful if you could tell us if your child had additional needs. All information is treated with the strictest confidence.

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What do we need to know about your child in order to make them feel welcome, ensure that they feel OK here, keep them safe and enable them to join in happily?

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If your child has an identified special need it may be helpful if we share information with the school in order for us to meet your child's needs more effectively and provide consistency. Please could you sign to give us your permission for this? You are welcome to discuss this with us at any time.

Signature..... Date.....

We would like to arrange an appointment with you to discuss how your child is settling in to the club. This is very useful soon after your child has started. Please state a time and date which would be convenient for you to attend the setting.

Time..... Date.....

PERMISSIONS

Permission to take photographs

From time-to-time we take photos of activities we have done in the club to build up a portfolio for Ofsted. Please sign below if you do not have any objection to your child appearing in these photographs. We may also use some of the photos for displays on our boards. The photos will not appear in the press nor will they be used for any other advertising purpose.

I give permission forOut of School Club to take photos which may have my child in them.

Parents/carers signature.....Date.....

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Permission for outdoor activities

I give permission for my child to take part in any outdoor activities.

Parent/carer signature.....Date.....

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Permission to walk home alone (Over 10 years only)

Please note that children must be over ten years of age and there must be an adult at home to meet them. The club can not be held responsible once the child has left the club at the stated time.

I give permission for my son/daughter to walk home from the club at (time to leave).....pm. My son/daughter isyears old.

Parent/carers signature.....Date.....

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Permission to have face painted

I do/do not give permission for my child to have their face painted. I understand that the setting will only use special face paints which are agreeable to sensitive skin.

Parent/carers signature.....Date.....

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Permission for my child to play on the Bouncy Castle

I do/do not wish my child to go on the Bouncy Castle at the club. I understand that there is a maximum of only 4 children allowed on the castle at any one time and that this activity is always supervised by a member of staff.

Parent/carers signature.....Date.....

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Permission to attend workshops provided by other groups visiting the club

I do/do not give permission for my child to join in the various workshops that the club may offer. I understand that these workshops are always attended by a member of club staff and that all visitors are police-checked and reference-checked and are never left alone with the children in our care.

Parent/carers signature.....Date.....

REQUIRED SESSIONS

<u>DAY</u>	<u>B/FAST</u>	<u>A/SCHOOL</u>	(for Holiday Club Bookings, please use a Separate Registration Form)
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

Enclosed in this brochure you will find the policies set out by Woody's Out of School Club. It is very important that you have read and understood these policies. Please indicate this by placing a CROSS next to the relevant policy. If you would like to discuss these policies, please arrange an appointment with myself (Sharron Jellis) and I will be more than happy to discuss them with you. These policies are in keeping with OFSTED guidelines.

<u>Policy</u>	<u>READ</u>	<u>UNDERSTOOD</u>
Health & Safety
Child Protection
Sickness Policy
Medicine Policy
Accident Policy
Unacceptable Behaviour
Equal Opportunities
Fire Policy
Complaints Procedure
Special Needs
Security Policy
Collection of children
Local Outings
Bullying
Confidentiality
Observation
Lost Non-Collection
Data Protection
1 Month's Notice Period
Terms & Conditions of Business
Payment/Deposit procedure

IMPORTANT PLEASE READ CAREFULLY.....

MEDICAL CONSENT FORM

It is important that all parents and carers read and sign the medical consent form. If you have any queries please speak to the Supervisor or Manager to discuss your concerns.

If your child injures themselves whilst at the out of school club and the staff in session feel that emergency medical help is needed straight away, we need to have your consent to call an ambulance or seek medical advice from your Child's doctor immediately without first seeking permission from yourselves.

As a member of staff contacts the doctor or ambulance another member of staff will try to contact you. We need to gain your permission to make the decision, based on our First Aid training, as to the urgency of the situation and to gain permission, from yourselves, to make this decision. We will only do this if we feel that the situation warrants it and your Child's welfare comes first at all times.

I give permission for [staff] to contact my Doctor to seek medical advice or to call an ambulance in the event of an accident involving my child before seeking prior permission from myself and in emergency situations where it is felt that medical attention is needed urgently. I also understand that staff will make every effort to contact myself, the parent/carer, to inform me of any accident which has occurred.

Parent signature..... Date.....

Print Name.....

Thank you for your co-operation in this matter.

DECLARATION

I/we wish to apply for a place on **Woody's**, terms of which I/we have read. Upon a place being made available I/we shall provide a cheque for the booking fee which is non-refundable, and the deposit which will be refunded when my/our child leaves **Woody's** or at the discretion of **Woody's** may be used to reduce any outstanding debt owed by me/us to **Woody's** when my child leaves.

Parent 1

SIGNED.....PRINT.....
.....

Parent 2

SIGNED.....PRINT.....

(Where there is more than one parent, will both parents sign)

DATE.....

EMAIL ADDRESS.....

Thank you for registering with **Woody's Out of School Club, confirmation of your child's place along with a start date will be sent out to you shortly.**

CLUB USE ONLY:

DATE REC'D.....

Rec'd by.....

Start Date.....

Date deposit made:.....

Payment method:.....

Use this section to note any extra information given to you by the parents/carer.
