

CHILDVILLE AFTER SCHOOL SERVICES REGISTRATION FORM



A. CHILD'S DETAILS

FULL NAME

DATE OF BIRTH

ADDRESS

SCHOOL ATTENDED

CLASS

RELIGION FIRST LANGUAGE

B. PARENTS DETAILS

NAME(S) of parent whom the child lives with

Name 1 **Name 2**

<u>Name of PARENT 1</u>	<u>Name of PARENT 2</u>
Daytime Telephone No.	Daytime Telephone No
ADDRESS (if different from above)	ADDRESS (if different from above)
Evening Telephone No.	Evening Telephone No.
Mobile No.	Mobile No
Signature	Signature

1.Name & contact of person(s) authorised to pick up child (other than parents)	Name: Tel:
2.Name & contact of person(s) authorised to pick up child (other than parents)	Name: Tel:

C. EMERGENCY CONTACTS

Name	Name
Address	Address
Telephone (1) (2)	Telephone (1) (2)
Relationship to Child:	Relationship to Child:
Signature	Signature

D. ON WHAT DAYS DO YOU INTEND TO USE THE CLUB (PLEASE TICK AS APPROPRIATE AND ADD (B/A) FOR BREAKFAST PLUS AFTER SCHOOL OR JUST (A) FOR AFTER SCHOOL ONLY AND (B) FOR BREAKFAST ONLY)

MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY

**CHILDVILLE AFTER SCHOOL SERVICES
REGISTRATION FORM**



E. CHILD MEDICAL/DIETARY/ SPECIAL NEEDS HISTORY

(1) Does your child have any special dietary requirements/allergies? Please use plain A4 to continue if necessary.

(2) Do you object to us giving fruit juice to your child? Please tick below.
Yes _____ No _____

(3) Does your child have any special needs? Please use plain A4 to continue if necessary.

(4) DOCTORS DETAILS

NAME:

ADDRESS:

TELEPHONE:

DOES YOUR CHILD TAKE ANY MEDICATION?

Please note that the club cannot administer any medication apart from inhalers for asthma which should be clearly labelled with the child's name and the required dosage.

F. DETAILS OF PERSON(S) PICKING UP YOUR CHILD

PERSON (1)
NAME: _____

PERSON (2)
NAME: _____

If different from section B please fill in details below.

ADDRESS _____ **ADDRESS** _____

NB. We will require a passport sized photograph and the signature of any person(s) who will be collecting your child on a regular basis. Anyone who collects your child should be over 16 years of age.

G. TRANSPORT CONSENT

It may be necessary on occasion to transport your child by motor vehicle from school. Is this acceptable to you? **YES/NO***

_____ (Signature) _____ (Date)

I have received and read a copy of the Parent Handbook and agree to comply with the regulations set out therein.

I HAVE ENCLOSED £_____ FOR TWO WEEKS DEPOSIT IN ADVANCE.

CHILDVILLE AFTER SCHOOL SERVICES
REGISTRATION FORM
Emergency Medical Treatment Consent Form



Name Of Child:

Date of Birth:

Address:
.....
.....

Any ongoing illnesses or allergies:
.....
.....
.....

Parent's names and emergency contact numbers:

First parent.....

Second
Parent.....

First parenthereby give my permission to allow Childville to act on my behalf, to allow my child to have medical treatment administered to them in any case of emergency. This will only apply if I am not able to get to the hospital and the have contacted me first.

Signature

Second Parenthereby give my permission to allow Childville to act on my behalf, to allow my child to have medical treatment administered to them in any case of emergency. This will only apply if I am not able to get to the hospital and the have contacted me first.

Signature

CHILDVILLE AFTER SCHOOL SERVICES REGISTRATION FORM



Dear Parents/ Carers

Under child protection laws there are a lot of things that we must abide by. During the time that your child is at Childville there may be some occasions that we may want to take pictures of the children doing activities, to display or to give to parents/carers so that you can see what they are doing. All pictures are for Childville use only and will not be available to anyone apart from parents and carers.

We would therefore be grateful if you could tick the boxes below and sign the bottom of this letter to say that you give us permission regarding the information set out below.

Thank you for your co-operation.

I agree to contact the centre **on the first day** to inform them when my child is going to be absent. I agree to pay any fees due when my child is absent and I understand that if my child is absent for more than 2 weeks (without payment being made), his/her place will be offered to the next child on the waiting list

I will inform the centre if I am sending someone else to collect my child and will provide a password.

I understand that I will lose my deposit if I do not give 4 weeks notice that I wish to withdraw my child from the centre and I will be liable to pay the fee for my child's place till the end of that term. I have read the policies of the centre and agree to abide by them and have enclosed 2weeks deposit of £

I understand that my child will go on regular short visits to the local environment. There will always be one adult to 8 children according to Ofsted regulation plus an additional staff. There will be a risk assessment for each outing. I/We understand that our further consent will be requested for major outings.

I understand that if my child has an accident or becomes ill and needs emergency medical attention I will be contacted immediately but if it is not possible to contact me I give my permission for my child to receive emergency medical advice or treatment.

I understand that my child will sometimes be photographed or videoed to be used in his/her profile or for displays in the setting, or for training purposes in the setting or borough or our website and I give my permission for this to happen. I understand that there will be no name or means of identification with the photograph or video if it is used out of the setting.

Do you consent for members of staff at the Club to apply sun cream to your child in hot conditions

GDPR
I am aware of and understand the PRIVACY NOTICES in relation to the collection, usage and storage of data about myself and child for both legal and useful reasons that will enable the setting execute their job/service effectively and I do/ do not give my consent to this to take place.
Signature & Date

- I hereby consent for my child to take up a place at this setting, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the setting, and agree to abide by them.
- I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the setting.
- I confirm that the information given above is correct, and I promise to contact the Co-ordinator as soon as any of the details change.

Signature of Parent/Carer: _____ Date: _____

Email Address _____

If you have any questions or comments please get in touch with the Manager.

Reg Office: 54 Barn Green, Chelmsford, CM1 6UG. Tel: 07919 913 302



A little more about your child...

Personal, social & emotional development:

(Does your child make friends easily, how you feel they may settle & how we can help them settle? Can he/she need assistance with dressing up? Etc)

Communication & language

(Is English your child's second language? How is your child's communication skill? etc)

Literacy

Mathematics

(Does your child enjoy puzzles? etc)

Understanding of the world:

(Does your child enjoy playing out doors? etc)

Physical development:

(Does your child enjoy physical activities? What games does he/she like? Etc)

Expressive Arts & Design:

(Does your child enjoy painting, messy play, sand/water play? Etc)

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Please indicate your child's ethnicity:

Child's name:

White British	
White Irish	
White Other	
Mixed – White/Black Caribbean	
Mixed – White/Black African	
Mixed – other	
Asian or Asian British – Indian	
Asian or Asian British – Pakistani	
Asian or Asian British – other	
Black or Black British – Caribbean	
Black or Black British – African	
Black or Black British – other	
Chinese	
Other	