

Hasbury Acorns

Registration and Contact Form

Name of Child:..... D.o.B:.....

Family address:.....

.....Postcode:.....

Tel. No:..... Email:.....

Nickname or preferred name:.....

Is your child's home language English? Yes/No

If not, what is their home language?.....

Parent/Guardian Name:.....

Place of Work:.....

Work Tel. No:..... Mobile:.....

Parent/Guardian Name:.....

Place of Work:.....

Work Tel. No:..... Mobile:.....

Who has parental responsibility for the above named child?:

.....

Please give details of two other contacts in case of emergency, who have your permission to collect your child from club and have your authority to act in an emergency for your child:

Name..... Tel. No:.....

Relationship to child.....

I am happy for Hasbury Acorns to contact me in the event of an emergency concerning.....(Child's name)

Signed:

Name..... Tel. No:.....

Relationship to child.....

I am happy for Hasbury Acorns to contact me in the event of an emergency concerning.....(Child's name)

Signed:

In the event that no one can be contacted, in an emergency the manager on duty will allow other trained professionals to make decisions in the best interest of your child (e.g. medical staff)

Password to be used when child is collected by an adult unfamiliar to staff:

.....

Details of child's GP:

GP Name:..... Address:.....

..... Tel. No:.....

Child's Health Visitor.....

Telephone number:.....

Details of any Medical Conditions:.....

.....

Has your child received all relevant inoculations? Yes / No

Has your child got any known allergies? Yes / No

If yes, please give details.

.....

.....

Does your child have any specific dietary requirements? Yes / No

If yes, please give details.....

.....

Does your child have any additional/special needs or do they need any additional support?
Yes / No

If yes, please give details.....

.....

Are there any other professionals involved with your child? E.g speech therapy or paediatrician? Yes / No

Details.....

Name:..... Contact details:.....

.....

Does your child attend any other setting? Yes/No

If yes, which setting(s) do they attend?.....

Contact details:.....

.....

Has your child previously attended a childcare setting? Yes / No

Details:..... Name of setting:.....

Who lives in the home with the child?

Name	Age	Relationship to child (Mother, brother etc)	Setting or School or nursery attended (if applicable)

Any other information you feel is relevant:

Childs ethnic group:..... Religion:.....

Please sign below if you give permission for your child to be given medical treatment should it be necessary

Sign:..... Date...../...../.....

Please sign below if you give permission for your child to travel on public transport, minibus, car, coach, or staff car (in an emergency) whilst in our care

Sign..... Date...../...../.....

Please sign below if you give permission for photographs to be taken of your child to be used in display work, club activities or by a college student at our setting

Sign..... Date...../...../.....

Please sign if you give permission for us to share information about your child with other professionals, such as their school,] health visitor or social worker (if applicable) if required.

Sign..... Date...../...../.....

Hasbury Acorns Before & After School Club

Medical Form

Child's name:	Date of birth:
Doctor:	
Doctor's address:	
Doctor's telephone:	
Does your child or the child in your care have any known medical problems or additional needs? (Please list)	
Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed)	
Does your child have any known allergies? (an Allergy Management Plan will be put in place where required)	
Does your child have any dietary requirements?	
Any other information relevant to your child's health	
Parent/Carer emergency contact telephone numbers:	

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed:

Date:

Hasbury Acorns Before & After School Club

Sun Protection

Children love to play outside in the sun, as the weather gets warmer, we will be spending more time outside in the playground.

Children's skin is delicate but you can protect their skin by:

- Avoiding the midday sun (between 11am and 3pm)
- Playing in the shade
- Wearing a hat that covers the ears and neck
- Covering up with a T-shirt and wear sunglasses that have UV filters
- Using a minimum of SPF15 sunscreen on exposed skin. Apply sunscreen liberally and reapply regularly.

Hasbury Acorns is concerned about protecting your child from sunburn and skin damage. Please provide a suitable hat, such as a legionnaire's hat or sunhat. On sunny days apply sunscreen to any exposed parts.

With your consent we will also help your child apply sunscreen when necessary. Please complete and return the consent form below.

..... ✂

Permission to apply sunscreen

Child's name:

I am happy for my child to have sunscreen applied at Hasbury Acorns.

Please delete as appropriate:

(A) I am happy for my child to use the sunscreen provided by the Club.

or

(B) I will provide a bottle of sunscreen labelled with my child's name for use at the Club.

Signed:
(parent/carer)

Date:

Print name:

This consent will remain valid whilst your child is in the care of Hasbury Acorns Before & After School Club.

Hasbury Acorns Before & After School Club
Booking Form

Child's name:.....

Breakfast Club: Monday - Friday: 7.30am - 9.00am
Daily rate: £3.00

After School Club: Monday - Friday 3.15pm - 5.50pm
Daily rate: £7.50 Weekly rate: £35.00
Sibling Rate: £6.00

(Please tick to confirm the days that you require below)

Breakfast Club	Tick the days required	After School Club	Tick the days required
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that if I cancel any days or my child/children do not attend I will be charged in full.

Signed:

Date:

Hasbury Acorns Before & After School Club

Privacy Notice

At Hasbury Acorns we respect the privacy of the children attending our setting and the privacy of their parents or carers. The personal information that we collect about you and your child is used only to provide appropriate care for them, maintain our service to you, and communicate with you effectively. Our legal basis for processing the personal information relating to you and your child is so that we can fulfil our contract with you.

Any information that you provide is kept secure. Data that is no longer required* is erased after your child has ceased attending our Club.

We will use the contact details you give us to contact you via phone, email, and post, so that we can send you information about your child, our setting and other relevant news, and also so that we can communicate with you regarding payment of our fees.

We will only share personal information about you or your child with another organisation if we:

- have a safeguarding concern about your child
- are required to by government bodies or law enforcement agencies
- engage a supplier to process data on our behalf (eg to take online bookings, or to issue invoices)
- have obtained your prior permission.

You have the right to ask to see the data that we have about yourself or your child, and to ask for any errors to be corrected. We will respond to all such requests within one month. You can also ask for the data to be deleted, but note that:

- we will not be able to continue to care for your child if we do not have sufficient information about them
- even after your child has left our care, we have a statutory duty to retain some types of data for specific periods of time* so can't delete everything immediately.

If you have a complaint about how we have kept your information secure, or how we have responded to a request to access, update or erase your data, you can refer us to the Information Commissioner's Office (ICO).

Please sign and date below to confirm that you have read this Privacy Notice and that you give your permission for us to contact you regarding relevant matters.

Name of child/children: _____

Signed: _____ Date: _____

Name: _____

** We do need to retain certain types of data (such as records of complaints, accidents, and attendance) for set periods of time after your child ceases to be in our care, but we delete as much personal data as we can as soon as possible.*

Hasbury Acorns Before & After School Club

Photograph Permission Form

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Hasbury Acorns we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

(please tick for consent)

- Electronic and printed information, displays and exhibitions at the Club
- Website for Club
- Promotional material for the Club
- To accompany staff or student coursework
- Observation and assessment
- Club records of my child
- Local newspaper or magazine
- National newspaper or magazine
- Other organisation's website
- Other organisation's promotional material
- Other

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Child's name:

Signed:
(parent/carer)

Date:

Print name:

Hasbury Acorns Before & After School Club Contract

Name of child:..... Date of Birth:...../...../.....

Address:.....

.....

Please circle which days places are required

Monday Tuesday Wednesday Thursday Friday

Please ensure that you have read all the terms and conditions before you sign.

I agree to weekly/monthly (delete as applicable) payments by way of cash, cheque, childcare vouchers or BACS transfer. Monthly payments are to be received on or before the last Friday of the month. *If these payment terms are not met, the club reserves the right to add a £10.00 penalty to any outstanding balance, and/or refuse collection of your child until all payments are up to date.*

I agree to collect my child from club before 5.50pm. Failure to do so will result in a fixed fee of £15.00 per child, per every 15 minutes from 5.55pm. The above sessions that I have requested (including any alterations made in the future) must be paid for during term time, whether my child attends or not, i.e. Dental/Doctors appointments, being collected by friends or family members. If my child attends any After School Club activity, I will inform the staff at club, who will either on my instruction collect my child at a time agreed or, if my child is in years 5 or 6, I will give my permission for my child to walk over from the activity in school to club. I will also inform club if my child is leaving the activity with another authorised person. I agree I will have to pay the usual daily rate whether my child attends club or not after such an activity.

If my child is ill, I agree to notify club by 9.30am for each day of absence. I understand that I will be charged my usual fee for these sessions. If my child is sent home ill from school, I agree to notify club before collection time and will be charged my usual daily rate.

The management reserves the right to temporarily suspend or permanently expel any child from the club in the event of persistent misbehaviour.

If for any reason I wish to cancel any sessions with the club I agree to give two week's notice and pay for these sessions in full.

If I have any comments, compliments or complaints about the service and/or care provided by Hasbury Acorns Before & After School Club I have the right to contact Ofsted on the following numbers:

Enquiries regarding children's services: 0300 123 1231 Complaints: 0300 123 4666

If I have a problem which I feel has not been resolved to my satisfaction, I have the right to inform the above authority.

I also have the right to see all Ofsted reports and standards held at the club.

I hereby agree that only persons named on the registration form have the authority to collect my child from the club, and anyone not on the form will not be allowed to collect my child, unless otherwise agreed with the club beforehand.

I agree that if my child attends an activity/club after school, I will inform club beforehand and I will still pay for these sessions in full. I understand that staff at club will collect my child from such activities if they are asked to do so in advance.

I will let the club know if my child is on any medication. If my child requires prescribed medication during club sessions I will complete a medication form and inform staff how it should be administered.

I hereby give my permission for my child to be taken to hospital in an emergency and treated by a doctor if necessary.

I am signing to give my permission for any treatment to be administered to

.....

I hereby agree to all the conditions of the club as outlined in this contract.

Signed..... Parent/Guardian

Date...../...../.....

Print Name.....