

## **REGISTRATION AND CONSENT FORM for ASC**

### **CHILD'S DETAILS**

Child's Name	
Gender (male or female)	
Date of Birth	
Intended start date	
School Attended	
Child's Home Address	

### **PARENT'S/CARERS WITH WHOM CHILD LIVES**

Relationship to child	1.	2.
Name		
Telephone-Home		
Telephone-Work		
Telephone-Mobile		
Email		

1. Does the named person above have parental responsibility? Yes/No (delete)

1. Does the named person above have parental responsibility? Yes/No (delete)

Name of parent with whom the child does not live.	
Does this parent have parental responsibility?	Yes/No (delete)
Does this parent have legal access to the child?	
Address	
Telephone	

### **ANY OTHER EMERGENCY CONTACT DETAILS**

Name	
Relationship to child	
Telephone-Home	
Telephone-Mobile	

### **MEDICAL CONTACT DETAILS**

Doctor's Name	
Doctor's Tel: Number	
Doctor's Address	
Please indicate any medical conditions or allergies, or any medications taken.	

### **IMMUNISATION RECORD**

Type of vaccination	Date Vaccinated
Whooping Cough	
MMR	
Polio /Tetanus /Diphtheria	
Meningitis C	

We occasionally have to administer first aid to the children; please delete any preparations you **DO NOT** wish us to use on your child:

- Antiseptic Wipes
- Sun Block Cream
- Plasters
- Baby Wipes
- Cold Compress
- Bite ease preparations

**YOUR CHILD'S SPECIAL DIETRY NEEDS OR PREFERENCES**

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**CHILD COLLECTION DETAILS**

The following individuals are authorised to collect our child from the out of school care in our absence. They will give the **pass-word**.....

Name	
Relationship to Child	
Sample Signature	
Name	
Relationship to Child	
Sample Signature	

**CONSENT**

Please delete any of the below you **DO NOT** wish your child to be involved in:

**I hereby give my consent for my child to be taken on outings**

**I hereby give my consent for you to take my child to the doctors or hospital in an emergency and receive any medical treatment which is urgently necessary. (We will always do our best to contact parents/carers at the earliest convenience).**

**I hereby give my consent for my child to be escorted in staff vehicles if and when necessary (prior warning will be given when able)**

**I hereby give my consent for photographs/videos to be taken of my child may be used on [www.chesterfieldchildcare.co.uk](http://www.chesterfieldchildcare.co.uk) web site**

**I hereby give my consent for observations to be carried out for the purpose of my child's personal development record, or visiting student's further education.**

**I hereby give my consent for my child to take part in the following activities**

- Face painting
- Big hair day-use hair paint
- Make-up
- Nail polish
- I understand that any carer who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the Social Services Department.
- Give my consent for the information in this document to be used, uploaded and shared : Famly app, Local Authorities and Derbyshire County Council.
  
- I confirm that all the information provided in this Document is current and true at the time of signing and the setting will be informed immediately of any changes to any details.

**Parent's signature: -**

**Date:-**

PLEASE STATE YOUR ETHNICITY

SO THAT WE CAN BEST MEET YOUR CHILDS NEEDS WE ASK THAT YOU COMPLETE THE TABLE BELOW

CHILDS NAME.....

WHITE BRITISH	
WHITE IRISH	
WHITE OTHER	
MIXED - WHITE AND BLACK CARIBBEAN	
MIXED - WHITE AND BLACK AFRICAN	
MIXED - WHITE AND ASIAN	
MIXED - OTHER	
CHINESE	
ASIAN OR ASIAN BRITISH - INDIAN	
ASIAN OR ASIAN BRITISH - PAKISTANI	
ASIAN OR ASIAN BRITISH - BANGLADESHI	
ASIAN OR ASIAN BRITISH - OTHER	
BLACK OR BLACK BRITISH - CARIBBEAN	
BLACK OR BLACK BRITISH - AFRICAN	
BLACK OR BLACK BRITISH - OTHER	
NOT KNOWN	
OTHER-PLEASE STATE	

FIRST LANGUAGE USED AT HOME: .....

WE WISH TO DELIVER THE BEST POSSIBLE CARE AND EDUCATION FOR YOUR CHILD  
SO PLEASE USE THE SPACE BELOW TO INFORM US OF ANY OTHER INFORMATION THAT YOU FEEL WOULD BE  
HELPFUL TO US IN OUR DAY TO DAY CARE PROVIDING.

<p>For example:</p> <ul style="list-style-type: none"><li>➤ Festivals/celebrations that your child can or cannot take part in.</li><li>➤ Special support your child may require in the setting.</li><li>➤ Your child's likes fears, special words, and comforter.</li><li>➤ Names and contact details of any other professionals involved with your child.</li></ul>
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## TERMS AND CONDITIONS

The Club is available at Blackwell Primary school for the breakfast club and after school club and holiday care is available 07:30-18:00 at Wingerworth Wonder Years, 1A Welbeck Drive, Wingerworth Chesterfield S42 6SN. Available for children aged 3yrs upwards. Children have access to age appropriate games/toys, arts and crafts, cooking/sewing, television, play station, and quiet book corner (but to mention a few). They will be offered a light snack/breakfast on arrival, drinks available at all times.

You can obtain a booking form or further information from the club during our opening times or ask at school reception. We ask for you to give us as much notice as possible as to the dates you require child care on. This is to enable us to staff the club appropriately.

- I understand that the out of School Club is a play care facility and that whilst my child is there the club is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- My child will be given stimulating and challenging play opportunities in a fun and safe environment.
- Once my child is delivered to the out of School Club he/she will be in the care of Blackwell Busy Bees out of School Club until collected and signed out by a named responsible adult.
- In the event of any cancellations the parent/carer must inform the out of School Club staff prior to the pick up time, so we are not searching school for them. If we are given 48 hours notice then there will be no charge otherwise there will be a late cancellation fee of £4.50
- In the event that your child has been invited to a friends house for tea (or any other changes to collection arrangements) unless prior notice has been given to the out of School Club staff, the staff will insist on bringing the child back to the club and we will contact the parent/carer immediately
- There is a one-off registration fee of £20.00. The cost per session is £4.50 per hour (Sorry no reductions for part hours not used). Holiday club is available at 1A Welbeck Drive, Wingerworth, S42 6SN at a cost of £30.00 per day. Reduced rate if booking a full week £135.00.
- I will book into the club on a monthly basis and will pay promptly for sessions. All invoices must be settled weekly unless prior arrangement has been agreed with the manager Jane Shepherd.
- It is my responsibility to keep the club informed of any alterations to information regarding my child.
- The out of School Club closes at 6pm and if for any unforeseen circumstances I am going to be late, I will contact the club.
- If my child is not collected by 6pm I will pay a charge of £6.75 per quarter of an hour to cover the costs of rent and the two staff who are legally required to stay.
- If my child remains at 7pm, after doing everything possible to contact parents/carers and emergency contacts, then the out of School Club will be legally required to contact social care.
- Whilst we try to ensure the safety and security of items, we cannot be held responsible for anything lost or stolen.
- I understand that there is a code of conduct and club rules that my child must adhere to and that in some circumstances it may be necessary to exclude my child from the club.
- Should there be any incidents at the out of School Club involving my child, I will be informed of the situation
- If my child has an accident, then he/she will be treated by a qualified first aider and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment and I am unavailable, the member of staff from the out of School Club may sign any consent forms necessary for treatment on my behalf, if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.
- Any information and details regarding my child will be treated as confidential. However, there may be times, for example in cases of child protection concerns, when details of my child may be passed on to other agencies. For example police, social care and health care professionals.

- Where the club has endorsed my claim for childcare tax credit the out of School Club are legally obliged to notify the Inland Revenue if I cease to use the service during the period of my claim.

I have read and understood the above terms and conditions and I agree to abide by them.

SIGNED.....

DATE.....

**MEMBERSHIP YEARLY SUBSCRIPTION**

Name of Child: .....

School attending: .....

Date child first used club: .....

Your yearly membership will be due in the month of: .....

Please pay £20.00 membership during this month to ensure your child is still registered with us. Please make sure your child's personal details recorded with us remain unchanged at this time Thank You.

PARENT/GAURDIAN SIGN.	DATE.
	Yr1
	Yr2
	Yr3
	Yr4
	Yr5
	Yr6
	Yr7
	Yr8