



## Barnt Green Pirates After School and Holiday Club Registration Form

To guarantee a place for your child please complete this form and return it to us as soon as possible together with a £25 registration fee per child

Child's Name:.....

Date of Birth: ...../...../.....

Parents Name: .....

Address: .....

.....

.....Post Code.....Tel No: .....

Email Address .....

Please indicate (tick) which regular days you wish your child to attend Barnt Green Pirates:

	Monday	Tuesday	Wednesday	Thursday	Friday
School finish to 6pm					
7.30am until before School					
Full Day, holidays (7.30am to 6pm)					
Short Day, holidays (7.30am to 4pm)					

Date you wish your child to start: .....

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (CAPITALS): \_\_\_\_\_

Relationship to child in after school and holiday club:

\_\_\_\_\_

Childcare Voucher Schemes used by your employer \_\_\_\_\_



## Barnt Green Pirates After School and Holiday Club;

### Record of Information

<b>Child's Name:</b> (as on Birth Certificate)	
<b>Date of Birth:</b>	
<b>Religion</b> (if you prefer not to state please leave blank):	
<b>Language Spoken:</b>	
<b>Parent / Carer 1 Name:</b>	
<b>Does this person have Parental Responsibility?</b>	YES    NO
<b>Place of Work:</b>	
<b>Telephone Number:</b>	
<b>Parent / Carer 2 Name:</b> (If applicable)	
<b>Does this person have Parental Responsibility?</b>	YES    NO
<b>Place of Work:</b>	
<b>Telephone Number:</b>	
<b>Emergency Contact</b> (Full Name, relationship to child and contact number):	
<b>Name of Person / People who <i>can</i> collect Child</b> (including surnames and relationship to child)	
<b>Password</b> - Anyone collecting this child must know this password must be able to give this password	

<b>Child's Doctor:</b>			
<b>Doctor's Address:</b>			
<b>Doctor's Telephone Number:</b>			
<b>Immunisations/Vaccinations:</b>			
<b>Infectious Illnesses:</b> Has your child had any of the following illnesses: -	YES	NO	UNSURE
Chicken Pox			
German Measles			
Measles			
Mumps			
Scarlet Fever			
Whooping Cough			
<b>Health Visitor:</b>			
<b>Any special Diet, Allergies, Health Problems:</b>			

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (CAPITALS): \_\_\_\_\_

Relationship to child in after school and holiday club:

\_\_\_\_\_

## **PERMISSIONS**

### **Photographs**

I give my permission for photographs taken of my child whilst at after school and holiday club to be used for the following. (please sign each type of permission, you are happy to give)

Key Folders

Displays

Prospectus

Website

Local Press

Relationship to child in after school and holiday club: \_\_\_\_\_

Date \_\_\_\_\_

### **Emergency Hospital Treatment**

In case of an accident where we are unable to contact a parent(s), please give your permission for emergency hospital treatment:-

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (CAPITALS): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### **Off Site Visits**

I understand that Barnt Green Pirates would like to take my child on off-site visits. I give my permission for local off-site trips to take place in accordance with up-to-date terms, conditions and risk assessments. Any trips that differ from the 'norm' will require separate written permission.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (CAPITALS): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Sun Protection

I give my permission for club staff to apply sun cream to my child as and when they deem it necessary. I understand that I must provide sun cream for my own child, and a sun hat. I also understand that if I do not provide these items, it may not be possible for my child to play outside on some days.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (CAPITALS): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Face Painting

I understand that face painting is occasionally carried out as an afterschool and holiday club activity.

Please tick as applicable:-

I give  permission for my child to have their face painted. There is no known medical reason (such as allergy) why they cannot participate.

I do ~~not~~  give permission for my child to participate in face painting activities. Signed:

\_\_\_\_\_ Date: \_\_\_\_\_

Name (CAPITALS): \_\_\_\_\_

Relationship to child in setting: \_\_\_\_\_

## Permission to administer medicine

Whilst a child is under the care of Barnt Green Pirates, if he/she is suffering from a temperature or pain, a senior qualified member of staff may administer non-prescribed medications such as Paracetamol or Ibuprofen this will only be done if a Medicine Administration form has already been completed by the parent. The medications used will be those provided by the parent.

Any such medication will be administered to the child as an act of goodwill on behalf of the child, and the after school and holiday club accepts no responsibility for any allergies or repercussions as a consequence of the correct administration of the treatment needed.

It is important that if you or anyone else administer any medication during the 24 hours prior to your child's attendance, that a member of staff is informed when you leave your child for their session at after school and holiday club, This will prevent any child overdosing on any medication.

A medicine form will be completed by staff during the day and parents/guardian will be requested to read and sign the form on the collection of the child from after school and holiday club, to inform of the times and dosage of any medication administered during the day to help prevent any child from overdosing on any medication.

Parents are required to sign the form below to authorise staff in administering the aforementioned medication.

Child's name: \_\_\_\_\_

I am fully aware that any medication will be administered as an act of good will and that any member of staff concerned and the club accept no responsibility for possible repercussions from any such medication administered.

I give permission for staff to administer plasters to my child if need be. I

give permission for staff to administer first aid treatment if required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (CAPITALS): \_\_\_\_\_

Relationship to child in Barnt Green Pirates: \_\_\_\_\_



## About Me

My Name Is: .....

I like to be called: .....

Things I like to play or do are:

.....  
.....

I go to ..... School

I am in the ..... year at school, in class .....

My Class teacher is.....

Things I like doing out of school are: .....

.....  
.....

Anything else we should know? .....

.....  
.....  
.....

Whilst at Barnt Green Pirates I would like to try

.....  
.....  
.....



## Barnt Green Pirates After school and holiday club

### Terms & Conditions

Please sign below and return.

On signing this Childcare Agreement I/we understand that Barnt Green Pirates :-

- Is open 7.30am to 6pm Monday to Friday for part time care, late pickup will be charged for.
- Takes a registration fee. To secure a place is £25.
- Requests half termly fees which are payable in full 1 week before the start of each half term.
- Require parents to give one calendar months written notice of removing their child from Barnt Green Pirates Out of School and Holiday club, in the event that I/we do not provide this written notice or the notice period is shorter than required, I/we understand that one full months fees will be due in lieu of notice or part of.
- Operates an open access policy to information and that I/we are very welcome during normal open hours to view the policies and procedures under which the club runs.
- Is pleased to discuss your child's club records at a mutually convenient date & time.
- I/we are also aware that Barnt Green Pirates is happy for us to take our child's records home to study, as long as I/we return it for our child's following session.
- Staff occasionally may need to administer medication in line with the after school and holiday club policies and procedures.
- I/we understand that the staff cannot undertake the care of sick children, laid out in the Barnt Green Pirates Policies and Procedures, in particular when a child is infectious.
- I/we understand that if our child was to fall ill whilst in the care of Barnt Green Pirates, we may be asked to remove him/her and he/she may not return until after the required exclusion period.
- I/we have received a signed copy of this agreement.
- No person shall be discriminated against on the grounds of sex, race, religion, disability, creed or colour.
- I understand that any additions and alterations to my specified child care arrangements must be made in writing.

**I have read and understood the above Terms & Conditions and agree to abide by them.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (CAPITALS):** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_