

SHEERHATCH PRIMARY SCHOOL CARE CLUB

Care Club @ Cople
Willington Road
Cople
Bedford
MK44 3TH



Care Club @ Willington
Church Road
Willington
Bedford
MK44 3QD

Tel: 01234 838827

REGISTRATION APPLICATION FORM

FEE STRUCTURE

Registration Fee: £5.00. This non-refundable **ANNUAL** fee is due with each child's application for registration to use the Care Club.

Please attach payment with this form.

Before School: £4.00 per session to include breakfast.
Cople 7:50 am - 8:30 am
Willington 7:50 am - 8:45 am

After School Session 1: £5.50 per session to include a snack.
Cople 3:15 pm - 4:45 pm
Willington 3:30 pm - 4:45 pm

After School Session 2: £5.00 per session.
4:45 pm - 6:00 pm

Payment of fees: You will receive an invoice for pre-booked sessions at the start of each half term. Payment is due within seven days of issue. Casual or additional sessions can be requested and paid for before or on the day(s) they are required, provided that there is space within the staff to child ratios to accommodate them.

Payment by instalments can be made by arrangement.

Remember priority always goes to those pre-booking the session.

Child care vouchers are also accepted; please contact the School Finance Officer for further information.

Please complete the form below, ensuring that all details are clear. Please remember that it is your responsibility to notify Care Club in writing if there are any changes to the details contained below.

Throughout this form the terms 'parent' or 'carer' may refer to anyone with legal parental responsibility.

PLEASE NOTE: We can only accept instructions and signatures on this form and other forms of permission by the person(s) with parental responsibility. If you are unsure what this means then please seek advice from the Play Leader before progressing with this Application for Registration.

CHILD'S DETAILS		
Surname:	First Name:	Date of Birth:
Address:		Gender (M/F):
		Home Telephone No:
PARENT/CARER DETAILS		
Surname:	First Name:	Relationship to Child:
Address:		Home Telephone No:
		Work:
		Mobile:
		Email:
Does this person have legal parental responsibility?		
PARENT/CARER DETAILS		
Surname:	First Name:	Relationship to Child:
Address:		Home Telephone No:
		Work:
		Mobile:
		Email:
Does this person have legal parental responsibility?		

OTHER INFORMATION

Is this child the subject of a Care Order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any specific individuals whom, for legal reasons, are NOT allowed to collect your child? If you answered YES to this question then please contact the Care Club Play Leader for a confidential discussion so that the Collection Forms can be amended appropriately	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In line with our Special Educational Needs and Disability (SEND) policy does your child have any special needs that the Play Leader should be aware of? If "YES" please describe the nature of these needs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any objections to Care Club staff discussing these needs with the class teacher or SENDCO in order to provide the appropriate provision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will your child be transferring from a school to attend the Care Club? (This does not apply to children at either Sheerhatch site) If "YES" please provide the name of the Head Teacher and school telephone number and indicate how your child will get to Care Club.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you be willing to receive information, such as newsletters, by e-mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please give the names and addresses of two people who may be contacted in the event of an emergency. This information may be repeated in Section One of the CONSENT FORMS.

EMERGENCY CONTACT PRIORITY 1

Surname:	First Name:	Home Telephone No:
Address	Mobile:	
	Work:	
Relationship to Child:		

EMERGENCY CONTACT PRIORITY 2

Surname:	First Name:	Home Telephone No:
Address:	Mobile:	
	Work:	
Relationship to Child:		

MEDICAL INFORMATION

Name of Doctor:						
Surgery Name and Address:			Telephone No:			
Does your child suffer from any allergies? Please give details:			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has your child had any major illness or operation? Please give details:			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has your child been in hospital recently? Please give details:			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does your child have any ongoing health problems? Please give details:			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does your child take any regular medication? Please give details:			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has your child been immunised against the following?						
Diphtheria	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIB	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Tetanus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meningitis C	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Other" please give details						

GENERAL INFORMATION

Does your child have any fears or concerns that we should know about? Please give details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any special skills or knowledge that you may be willing to share with Care Club from such as languages, musical instruments, art, crafts, unusual pets, hobbies or other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which of the following would you prefer your child to have at snack time?		
Milk	Fruit Juice	Water
No Preference		
Does your child have any special dietary requirements such as nut or food allergies, religious observances or pet hates that we should know about? Please give details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HAVE YOU ANY OBJECTIONS TO THE FOLLOWING?

Your child being taken out of School for short outings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First aid being administered in an emergency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photographs being taken of your child (these may be displayed in School and, on occasions, in the local press)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your child having access to supervised use of the Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DECLARATION

Signing this form is acceptance of the Terms and Conditions (please see separate document) and constitutes a binding commitment to the Care Club. As such all days that are booked are subject to payment even if the child is absent for any reason. Please remember that we are Ofsted regulated and have an upper limit on the number of children attending on any one day. This means that in securing a place at the Care Club we have to honour that place and hold it open. If your child does not attend on the prescribed day then we cannot be held liable for the loss in revenue for a place that could be occupied by another child.

"I have read the above application for registration at the Care Club and agree that the information given is, to the best of my knowledge, accurate. If any circumstances occur, such as change of address, contact details, medical condition or other occur I will make every effort to inform, in writing, the Care Club of the new details at my earliest opportunity."

Your Signature:	Print Name:	Date:
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CONSENT FORMS

For legal reasons we have to ask you to sign the following sections independently to comply with the current National Standards legislation as prescribed by OFSTED and to safeguard our staff in the event of an emergency. We hope the latter never occurs but please take the time to read these sections thoroughly and if you have any questions please ask the Care Club Play Leader for guidance.

SECTION ONE:

Care Club Child Collection Authorisation:

To ensure your child is delivered safely to an adult at the end of each session we are obliged by law to ask you to provide a list of carers who may, at any time, collect your child from the School premises. If an unauthorised person arrives to collect your child then staff will try to contact you. If the Collecting Adult is different to those named on this form then it is your responsibility to put the changes in the Collections Book along with the date this person will be collecting your child.

In the absence of such authorisation the child cannot be released and the Non-collection of Children Procedure will be acted upon.

Please note this is not intended to inconvenience the adults but to safeguard the child. We are liable for the safety of the child until the point of handover so we have to be certain the collecting adult is doing so with full consent and knowledge of the parent or guardian that signs these registration documents. If you are uncertain about anything in this section please ask the Care Club Play Leader for advice **before** signing.

Remember admission cannot be accepted until this form is validated.

Name	Relationship to Child	Contact Number

In the case of none of the above being available you may be able to authorise another person to collect your child by nominating a password. This must be given to the Care Club Play Leader or designated person on duty before the child will be released. If the person is not known by this member of staff or there has been no communication to the effect that a different person will be collecting your child the duty staff will try to verify this collection claim by contacting yourself or one of the nominated people above. If this attempt fails then the Non-collection of Children Procedure will come into effect and the child will not be released.

Password:		
Your Signature:	Print Name:	Date:

SECTION TWO:

Care Club Child Emergency Treatment:

In the unfortunate event of an accident or emergency where your child needs urgent medical attention and we are unable to contact a parent or guardian we need prior consent to act in your child's best interests. In all cases every effort will be made to contact one of the authorised people listed in Section One in order of descending priority, starting with the parent or legal guardian.

Declaration:

In the event of an emergency, where I cannot be contacted, I hereby give permission for the Care Club Play Leader or designated member of staff to seek medical attention and/or advice for my child from a health visitor, medical centre, qualified medical practitioner or hospital.

Child's Name:		
Your Signature:	Print Name:	Date:

Special Circumstances

Certain religious, cultural or personal beliefs might prohibit the use of some medical responses required for emergency treatment or otherwise, for example blood transfusion. If this is the case we require more detailed information relating to your medical consent form to prevent litigation at a later stage if the member of staff acts in difference to your beliefs. If this is the case please sign below and declare in writing the exact nature of what you expect our member of staff to do in the event of emergency medical treatment and attach an additional signed sheet. Please also feel free to discuss this in confidence with the Play Leader if you are uncertain about this part of the Registration Form.

Child's Name:		
Your Signature:	Print Name:	Date:

We are required by law to have this information, which will be treated confidentially. If there are any other circumstances, which you feel may affect your child's happiness and

behaviour such as a new baby in the family, moving house etc, please advise a member of staff as soon as possible.

Once completed, please hand this form and the registration payment to either school office.