



SHEERHATCH PRIMARY SCHOOL SKOOL'S OUT

REGISTRATION APPLICATION FORM

FEE STRUCTURE

Registration Fee: £5.00. This non-refundable fee is due with each child's application for registration to use Skool's Out.

Payment should be made via BACs

Block Booking Before School: £6 per session to include breakfast.
Cople 7:50 am - school opening

Block Booking After School Session: £7 per session to include a snack and transport to Cople for pupils attending the Willington site.
End of school -5:10 pm

Ad Hoc bookings: Before school is £7 per session/ After school is £8 per session.

Ad Hoc bookings should be made by telephone (01234838827) or email (office@sheerhatchprimary.org.uk) to Mrs Cunningham in the School Office.

Payment of fees: Payment should be made in advance on booking using BACs (please quote Reg and initials & surname as your reference). Booking is subject to availability. Child care vouchers are also accepted; please contact the School Office for further information (office@sheerhatchprimary.org.uk).

Cancellations will only be refunded/transferred if 24 hours notice is given.

Please complete the form below, ensuring that all details are clear. Please remember that it is your responsibility to notify Skool's Out 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 Tel No:	
	Work:	
	Mobile:	
	Email:	
Does this person have legal parental responsibility?		
PARENT/CARER DETAILS		
Surname:	First Name:	Relationship to Child:
Address:	Home Tel 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 Skool's Out 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 Skool's Out 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

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 Skool's Out from such as languages, musical instruments, art, crafts, unusual pets, hobbies or other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 Skool's Out. 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 Skool's Out 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 Skool's Out 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 Skool's Out 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 Skool's Out Play Leader for guidance.

SECTION ONE:

Skool's Out 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/carer or guardian that signs these registration documents. If you are uncertain about anything in this section please ask the Skool's Out Play Leader for advice **before** signing.

Remember admission cannot be accepted until this form is validated.

Name	Relationship to Child	Contact Number

If there is an occasion when you require a person who is not on this list to collect your child, you must let Skool's Out know about this on 01234 838827.

SECTION TWO:

Skool's Out 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/carer 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/carer or legal guardian.

Declaration:

In the event of an emergency, where I cannot be contacted, I hereby give permission for the Skool's Out 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 and in line with the school's Data Protection Policy. By signing this agreement you are consenting to the information being held and used for the purposes of safeguarding your child. If there are any other circumstances, which you feel may affect your child's emotional wellbeing and behaviour such as a change in family circumstances, please advise a member of staff as soon as possible.

Once completed, please send this form to Mrs Cunningham in the school office.