**Registration Form:**

A separate registration form must be completed for each child. This form must be completed by a parent or legal guardian.

All information provided on this form is treated with the strictest confidence and is for club use only.

Child’s Full Name:

Name they go by:

Child’s Date of Birth:

Child’s Home Address:

Postcode:

Contact numbers of parent/carers:

|  |  |
| --- | --- |
| First Contact: | Second Contact: |
| Name: | Name: |
| Relation to child: | Relation to child: |
| Address: | Address: |
| Mobile: | Mobile: |
| Work No: | Work No: |
| Other Number if applicable: | Other Number if applicable: |
| Best number to Contact: | Best number to Contact: |
| Email: | Email: |

Emergency Contact Names:

1. Name Relationship to Child:

Daytime Contact No:

Work Contact No:

1. Name Relationship to Child:

Daytime Contact No:

Work Contact No:

Name of people authorised to pick up your child if not already mentioned, anyone not declared will not be allowed to collect without verbal or written permission.

1. Name Relationship to Child:

Contact No:

2. Name: Relationship to Child:

Contact No:

1. Name: Relationship to Child:

Contact No:

For child safety, please leave a password for collecting your child as if you are just starting with us or a new member of staff is answering the door it helps us to quickly ensure your child is safe being collected by the correct person.

Anyone collecting your child should know this word, you can change it at any point, please let a member of staff know who can update your child’s record.

Due to valuing data protection, this will also be your email verification password. When first starting we will ask for this password, to confirm we have the correct email, before sending any documents to you.

Password:

**Sessions:**

When your session is booked the day(s) you have chosen remain until the end of the school year, **4 weeks notice,** must be given to change/cancel days.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Days: | Date Starting: **If Adhoc put X in box here** **[ ]** | | | |
|  | Half Session | | Full Session | |
| Mon | 3:00-4:30pm - £8 | Yes/No | 3:00-6:00pm - £10.50 | Yes/No |
| Tue | 3:00-4:30pm - £8 | Yes/No | 3:00-6:00pm - £10.50 | Yes/No |
| Wed | 3:00-4:30pm - £8 | Yes/No | 3:00-6:00pm - £10.50 | Yes/No |
| Thur | 3:00-4:30pm - £8 | Yes/No | 3:00-6:00pm - £10.50 | Yes/No |
| Fri | 3:00-4:30pm - £8 | Yes/No | 3:00-6:00pm - £10.50 | Yes/No |
|  | Full Week –  £37.50 | Yes/No | Full Week - £47.50 | Yes/No |

**Medical Information:**

Child’s Doctors Name: Contact No:

Surgery Address:

Additional Information: i.e (dietary needs, allergies, health or physical requirements, behavioural needs or anything else you feel is important for us to know. Also, if your child requires or is dependent on any medication, please state this here as well. A member of staff will discuss any of these requirements with you to make sure we are accommodating to your child’s needs.

**Consents:**

I Consent/do not consent to my child receiving emergency first aid treatment in the event of an accident (by a first aid trained member of staff).

I allow/do not allow staff to sign a consent form for emergency medical treatment in my absence if it was necessary. (A Parent/carer will always be contacted in event of emergency)

In the event of an accident or injury to your child an accident form will be completed that you will be shown and asked to sign. Please state whether you are happy for someone collecting in your absence to sign that they have seen the details of the accident/injury.

YES/NO

**Please state in additional information section if your child is allergic to plasters.**

I consent/do not consent for use of facepaints.

I consent/do not consent to my child going off premises, accompanied by a member of staff in line with ratios.

(i.e visit local parks, library, shops or walks)

I consent/ do not consent to photos/videos being taken of my child for club use only.

I do/do not give permission for you to share information regarding my child with the school. (Information will only be shared in the best interest and welfare of the child, you will always be notified when and what information has been passed on.)

How did you hear about our club?

(E.G: Another parent, School, Poster, Child)

I understand that ACE Out of School Clubs cannot accept any responsibility for the children’s possessions or valuables when they are attending.

Parent Name:

Signature: Date:

If you are a foster carer or sole parent responsible for a child, we require to see and record the relevant paperwork authorising your care of the child, along with the name and contact number of the social worker or lead professional. This is in case of emergency, but also, clarifies for us the parental positions, as to permission for activities and projects.