

SCHOOL'S OUT! YARDLEY GOBION

Registration Form



Child's Details

Child's Full Name _____

Preferred name _____

Address _____

_____ Post Code _____

Date of Birth __/__/__ Current School _____

Ethnicity _____ Religion _____ Languages spoken _____

Does your child have any Allergies or special dietary considerations? If so, please give details

.....
.....

Does your child have any significant health issues, specific needs or care requirements : ..

.....
.....

Is there any thing else which the staff need to be aware of about your child to be able to support them at Schools Out!

.....
.....

Permissions

Do you give permission for your child to use face paints? YES / NO

Do you give permission for your child to have henna tatoos? YES / NO

Do you give permission for your child to have sun cream? YES / NO

Do you give your permission for your child to be photographed and for the photos to be displayed and used in newsletters etc? YES / NO

Do you give your permission for teaching staff at your child's school to discuss relevant day-to-day information with School's Out staff regarding the welfare of your child? YES / NO

Parent/Guardian Details

Mothers name: _____

Mother Address: _____

_____ Post Code _____

Home Tel _____ Mobile No _____ Work No _____

Email Address _____

Fathers name: _____

Fathers Address: _____

_____ Post Code _____

Home Tel _____ Mobile No _____ Work No _____

Email Address _____

Guardian/Carers Name(s) _____ Relationship to Child _____

Guardian's Address: _____

_____ Post Code _____

Home Tel _____ Mobile No _____ Work No _____

Email Address _____

Who does the child normally live with? _____

Who has parental responsibility for the child _____

Are there any legal restrictions relating to access to the child ? _____

Emergency Contacts

In an emergency and if we are unable to contact a parent/guardian, who else should we contact.

Name _____ Tel No _____

Relationship to child _____ Mobile _____

Do you give permission for this person to collect your child from Schools Out? YES/NO

Name _____ Tel No _____

Relationship to child _____ Mobile _____

Do you give permission for this person to collect your child from Schools Out? YES/NO

Child Collection

School's Out! policy is that no child will be released to anyone else without the consent of the Parent(s)/Guardian(s). We assume that parents/carers/guardians named above are authorised to collect the child (unless of a legally enforced rulings listed above). Until staff know the adults collecting your children, they may be asked to prove their identity (eg: id, password, requesting info about them/the child. We may also ask the child to identify the adult whilst not visible to the adult). Please make sure everyone collecting your child knows your child collection password as we may ask them for it! Please give details below of any other people you give permission to collect your child(ren) in the event of you not being able to do so.

Name _____ Tel No _____

Relationship to child _____ Mobile _____

Name _____ Tel No _____

Relationship to child _____ Mobile _____

Child Collection Password for adults authorized to collect your child _____.

Medicial Information

Childs Name _____ Date of Birth ____/____/____

Does your child have any medical condition or any family medical history that we should know about? If so, please give details here:

.....

Doctor's Name

Doctor's Address

..... Tel No

Any other professionals who are supporting your child in any way (eg: health visitor, speech therapist, school nurse, social worker)

Name _____ Tel No _____
 Organisation _____ Support role _____

Name _____ Tel No _____
 Organisation _____ Support role _____

Permission for Medication.

Note: For short term medication (eg: antibiotics), please complete a separate form, available on request from the School's Out staff .

Name of Medicine or Inhaler	Dosage and Instructions for Use	Circumstances when it may be required

I authorise a member of School's Out staff to give my child the medicine(s) as listed above when required and accept full responsibility for this.

Signature:Print Name:

Relationship to childDate:

Parental Consent and Terms

Fees

- I take complete responsibility for the prompt payment of fees for each half term in advance.
- I understand that I need to give one half term's notice in writing or one half term's fees in lieu of notice when withdrawing my child(ren) from the After School Club.
- I understand there is no reduction in fees if my child(ren) is/are absent due to sickness or holiday.
- I understand that I may forfeit my child(ren)'s place(s) if fees are not paid promptly when due.
- I understand there is a £5 per child registration fee and that this fee is non-refundable.

Medication and First Aid

- I understand that staff will only administer medication which I have consented to.
- I give permission for the staff to escort my child to hospital in an emergency.
- I give consent to any life saving or time critical emergency treatment that may be needed in hospital prior to my arrival. Every effort will be made to contact parent/guardian beforehand.

Collection/Outings/Visits

- I give consent for my child(ren) to take part in walks and activities around the village field when accompanied by a member of staff.
- I agree to inform School's Out! if someone other than myself will be collecting my child.

I enclose a registration fee of

I hereby consent for my child to take up a place at Schools Out, according to the terms and conditions set out in this document and also the clubs policies and procedures. I have understood the expectations and obligations relating to both myself and the club and agree to abide by them.

I confirm that I have read, agree to and signed the clubs GDPR Parents privacy notice.
(Attached at the back of the registration form)

I confirm that the information given above is correct, and I will inform the club manager of any change of circumstance regarding my child as soon as any of the details change.

Signature of parent/carer: _____ **Date:** ___/___/___

Name: _____ **Relationship to Child:** _____

Name of Child: _____

If you have any questions or concerns please contact the play leader on 07758 368024

Return this form along with your registration fee to Schools Out, 97 Hesketh Rd, Yardley Gobion, NN12 7TX.

(Please make cheques payable to School's Out! Yardley Gobion.). For direct bank payment details or childcare voucher payments, please ask.

SCHOOL'S OUT! YARDLEY GOBION



General Child Information

Childs Name _____ Date of Birth ____/____/____

In order to provide the best support to you and your child we know that it is helpful to have some current background information about their home life. We would find it useful if you could answer these questions as fully as possible.

Do they have any siblings (older/younger, brother/sisters/step sister etc):

Name	Date of Birth	Relationship	Address

What makes them happy:
.....
.....

What makes them sad :
.....
.....

What makes them angry/frustrated:.....
.....
.....

What is their favourite food: :.....
.....

What food do they not like(consistently):.....
.....

What is their favourite film: :.....
.....

What hobbies do they have: :.....
.....

Which school subject do they enjoy the most:
.....

Which school subject would they like help with:.....
.....

What do they enjoy to play with outside of school (indoor and outdoor):
.....
.....
.....

Things they may need extra help or support doing: :.....
.....
.....

Anything else that you would like us to be aware about:.....
.....
.....
.....
.....

Signed: Relationship to child:

Print Name Date:

SCHOOL'S OUT! YARDLEY GOBION

GDPR Parent Privacy Notice



At Schools Out we respect the privacy of the children attending the Club and the privacy of their parents or carers. The personal information that we collect about you and your child is used only to provide appropriate care for them, maintain our service to you, and communicate with you effectively. Our lawful basis for processing the personal information relating to you and your child is so that we can fulfil our contract with you. Our legal condition for processing any health-related information that you provide about your child is so that we can provide appropriate care for that child.

Any information that you provide is kept secure. Data that is no longer required* is erased after your child has ceased attending our Club.

We will use the contact details you give us to contact you via phone, email, social media, messaging apps and post, so that we can send you information about your child, our Club and other relevant news, and so that we can communicate with you regarding payment of our fees.

We will only share personal information about you or your child with another organisation if we:

- have a safeguarding concern about your child
- are required to by government bodies or law enforcement agencies
- engage a supplier to process data on our behalf (eg to take online bookings, or to issue invoices, chase payments)
- have obtained your prior permission.

You have the right to ask to see the data that we have about yourself or your child, and to ask for any errors to be corrected. We will respond to all such requests within one month. You can also ask for the data to be deleted, but note that:

- we will not be able to continue to care for your child if we do not have sufficient information about them
- even after your child has left our care, we have a statutory duty to retain some types of data for specific periods of time* so can't delete everything immediately.

If you have a complaint about how we have kept your information secure, or how we have responded to a request to access, update or erase your data, you can refer us to the Information Commissioner's Office (ICO).

Please sign and date below to confirm that you have read this Privacy Notice.

Child(rens) Name(s) _____ Date: _____

Signed: _____ Relationship to child _____

Name: _____

** We do need to retain certain types of data (such as records of complaints, accidents, and attendance) for set periods of time after your child ceases to be in our care, but we delete as much personal data as we can as soon as possible.*

SCHOOL'S OUT! YARDLEY GOBION



Permission for Transport from School

Name of Child(ren) _____

Address _____

This permission slip allows my child(ren) to be picked up from their own school and be transported to the after school club at Yardley Gobion on a regular basis in accordance with their attendance pattern at the after school club and until further notice.

I understand that the method of transport will be by private car or taxi service. All vehicles will be insured, taxed and well maintained in accordance with DVLC regulation.

All drivers will be DBS checked and the driver and all passengers will comply with the compulsory policy of wearing of seat belts and other safety seats/straps when available.

School's Out will enter in to an arrangement with your child(ren)'s school to ensure that your children(ren) are safely handed over on each and every occasion.

Any changes to transport arrangements will be notified in writing prior to any change occurring.

I give permission for my child(ren) to be transported

from _____ School at _____ pm

to the Children's Centre Yardley Gobion for the purpose of attending School's Out after school club.

Signed: **Name:**

Date:

Relationship to Child(ren):