

Burton Out of School Club

Tel: 01484 606065 / 07743351073

Registration Form

Name of Child: _____

Likes to be called: _____

Age: _____ Date of Birth: _____

School: _____ Year _____

Home Address: _____

Parent(s) ___ or Guardians Name(s) ___ : (please tick)

Address if different from the child's:

Home Telephone no: _____

Daytime/work Tel no: _____

Mobile no: _____

E mail: _____

Signature of parent(s)/guardian

1. _____

2. _____



burtonoutofschoolclub@gmail.com

www.burtonoutofschool.club

Please supply the name of two people who will be collecting your child.

1st. Name: _____

Address: _____

Telephone no: _____

Relationship to child (i.e. Grandparent, childminder, friend etc.)

2nd. Name: _____

Address: _____

Telephone no: _____

Relationship to child: _____

Emergency contacts: (friend/relation etc.)

1.

Name: _____

Address: _____

Telephone no: _____

Relationship to child: _____

2.

Name: _____

Address: _____

Telephone no: _____

Relationship to child: _____

Medical Form

Burton out of School Club

Childs Name: _____

Medical Details:

Childs Doctor: _____

Address: _____

Telephone no: _____

Does your child have any known medical problems? If so please give full details:

Does your child require **medication** prescribed by a doctor, to be given whilst attending the club?

YES **NO**

If yes please arrange to record this in the Medicine Book with the Manager.

Is your child allergic to anything? If yes please give details:

Does your child have any major dislikes e.g. certain foods or materials? If yes please give details:

Form completed by:

Name: _____

Relationship to child: _____

Date: _____

Please give any other information you think may be relevant:

In the unlikely event of your child needing emergency medical treatment while at the club, it would be helpful if you sign the form below.

Consent for Emergency Medical Treatment.

I consent to any emergency medical treatment necessary for my child during the running of the club.

I authorise the playcare staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes _____ **No** _____ (tick as appropriate)

Signed: _____

Date: _____

Are there any other agencies involved with your child/family e.g. social care, family support etc?

Yes _____ NO _____

If yes please give details below

Burton Out of School Club

Ethnicity Monitoring Form

Parent/guardian name: _____

Child's Name: _____

Burton out of School Club operates an 'Equal Opportunities Policy'. We would therefore be grateful if you would supply the following information, to meet part of the equal opportunity requirements.

I would describe the ethnic origin of my child as: - _____

Is your child registered Disabled? YES ___ NO ___

Does your child have any Special Educational Needs? YES ___ NO ___

If yes please see the club Manager to complete a healthcare plan and the medicine book where necessary.

Burton out of School Club Consent Form

Burton out of School Club requires consent for the following:

I consent for my child to participate on **spontaneous activities** whilst using the club, such as using the school playing field, walking to and playing at the rec, using the co-op, or taking part in local walks.

I consent for my child to watch DVD's and play electronic games with a PG rating

I consent for Burton out of School Club to take, and use **photographs** of my child whilst using the club, and these photographs to be used for display purposes at the club, or for the club to enter photographs into portfolios as part of the recognised qualification.

I have read and understood the above requests and I give consent.

Signature of parent/guardian: _____ Date _____

I consent for photos of my child to be used on Burton out of School Clubs website yes / no

I consent for photos of my child to be used in articles about the club in the Burton Bulletin yes/ no

I consent for photos of my child to be uploaded onto our closed Facebook page yes / no

I have read and understood the above requests and I give consent/do not give consent as indicated.

Burton Out of School Club

Parent/Carer's Contract

Parent/Carer's Name: _____

Child's Name: _____

- I understand that Burton out of School Club is a playcare facility and that whilst my child is there Burton out of School Club is legally responsible for him/her.
- My child will be provided with a snack and a drink whilst at the Club unless otherwise requested.
- My child will be given stimulating and challenging play opportunities in a fun and safe environment.
- Once my child is delivered to Burton out of School Club he/she will be in the care of the Club until collected and signed out by a "named" person.
- I will inform the Clubs Manager if I am collecting my child from school on a day that he/she is booked into the Club.
- I will book into the Club on a half term basis and will pay promptly for sessions even when my child does not attend, unless I have given two weeks written notice of cancellation.
- It is my responsibility to keep the Clubs Manager informed of any alterations to information regarding my child.
- I accept that whilst at the Club my child may get involved in messy activities and will provide my child with appropriate clothing to accommodate this.
- Burton out of School Club closes at 6.00pm. I understand that my child must be collected by 6pm. I accept that late collection will result in an extra charge, as set out in the Clubs Late Collection of Children Policy.
- If any child remains at 7.00pm, after doing everything possible to contact parents and emergency contacts, then Burton out of School Club will be legally required to contact Social Services.
- Whilst we try to ensure the safety and security of items, we cannot be held responsible for anything lost or stolen. We strongly recommend that children do not bring personal items to the club.
- Mobile phones and all other devices with camera capabilities are not allowed in the club.
- I have read the Behaviour and Suspension Policies and agree to their terms and appreciate that in some circumstances it may be necessary to exclude my child from the Club and I will pay for these missed sessions.
- I accept my responsibility for reading all the clubs Policies and Procedures as of this date. The Club will inform me of any changes to these policies.
- Should there be any incidents at Burton out of School Club involving my child I will be informed of the situation.
- If my child has an accident, then he/she will be treated by a qualified first aider and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment and I am unavailable, the member of staff from Burton out of School Club may sign any consent forms necessary for treatment on my behalf.
- Any information and details regarding my child will be treated as confidential. However, there may be times, for example in cases of child protection concerns, when details of my child may be passed on to other agencies such as The Police, Social Services, and Health Care Professionals.
- Burton out of School Club reserves the right to cancel sessions at short notice in instances of severe weather or in other cases of emergency.

I have read and understood the above terms and conditions and I agree to abide by them.

Parent/Guardian Signature:

Date: _____

Burton Out of School Club

Privacy Notice

At Burton out of School Club 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, 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 (e.g. to take online bookings, or to issue invoices)
- 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.

Signed: _____ Date: _____

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.*

Burton out of School Club

Burton Village Hall
Northfield Lane
Highburton
Huddersfield
HD8 0QT
Tel: 01484 606065

The Pavilion
Kirkburton Middle School
Turnshaws Avenue
Huddersfield
HD8 0TJ
07743351073

Booking Form

Name of Child: _____

Name and address of Parent/Guardian: _____

Telephone no: _____ Date you would like your child to start: _____

Age of child on first day at the club _____ School Year _____

Sessions Required

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---------------|----------------|------------------|-----------------|---------------|
| Breakfast Club 7.30am to 9.00am | | | | | |
| After School Club 3.30pm to 6.00pm | | | | | |

Breakfast Club £4.35 per session: After School Club £7.75 per session

Additional Information if necessary (shift work etc.): _____

Who will bring/collect your child? _____

I would like my child to attend the club on the days indicated. I understand that once I have booked and the sessions have been confirmed I must pay for care in advance and that all cancellations will be charged unless 14 days written notice is given.

Parent/Guardian (print): _____ Signature: _____ Date: _____

Internal use only

Place allocated: _____ On Register: _____

Entered on waiting list: _____ On Sage: _____

Keyperson: _____ Parent Pack: _____

Club Manager (print): _____ Signature _____ Date: _____