

Care Club Registration Form

Child's Details				Date of Registration:							
First name:				Surname:			Pre	Preferred name:			
Date of birth:				Current age:			Na	Name of key person:			
EYFS? 🗆				School attended:			Firs	First Language:			
arent/Guard	dian de	tails							-		
Title: First name: Surnam				ne Title: First name			2:	Surname			
Home addre	ess:				Но	Home address (if different):					
Does this ch	nild nor	mally live a	t this ad	dress? Y / N	Do	es th	is child nor	mally li	ve at	this ac	ddress? Y / N
Home Tel:		Mobile:	102.15	Work Tel:	Но	me T	el:	Mobile:			Work Tel:
Email addre	ess:				Em	ail a	ddress:		<u> </u>		
Does this pe	erson h	ave parent	al respoi	nsibility? Y / N	bility? Y / N Does this person have parental respo				l respo	nsibility? Y / N	
Does anyon	e else	have parent	tal respo	nsibility for this	child? Ye	25/1	No (If yes, pl	ease p	rovid	le deta	ils overleaf.)
mergency C	ontact	Details (plea	se provide	details of two people	we can cont	act if	we are unable to	get hold	of you	۱)	
Name:					Tel:				Мо	bile:	
Relations	hip to	child:									
Name:					Tel:				Мо	bile:	
Relationship to child:									L		50
_l Please detail	l any ac	dditional/sp	ecial ne	eds your child ha	as: (pleas	e pr	ovide full de	etails)			
s there anyt	thing yo	our child do	esn't lik	e (food, games e	etc.) or is	scar	ed of?				-
Do you cons	ent to	your child's	photo a	ppearing on the	'Care Cl	ub b	log' on the I	Richard	Cros	sse wel	osite YES/NO
What are yo	our chile	d's favourite	e activiti	es?							
Signature of	Paren	t/Carer:			Date:						
				91							



Care Club Medical Form

Child's name:	Date of Birth:
Doctor's Name	Doctor's address:
Doctor's Tel:	
Does this child have any known medical problems or ac	dditional needs? (please list)
Please detail any medical needs or medication in full:	
Please detail any known allergies: (An Allergy Managen	nent Plan will be put in place where required)
Please detail any dietary requirements or allergies:	
Please detail any other information relevant to the child	d's health:
In the event that my child is involved in a serious acimmediately on the telephone numbers given on the R	ccident, I, or my emergency contacts will be contacted egistration Form.
	al treatment before I can get to the hospital I hereby emergency medical treatment necessary to ensure the
I understand that I am responsible for updating this for	m as my child's health needs change.
Signed:	Date:
Print Name:	,



TERMS AND CONDITIONS

- All children attending Care Club must be registered beforehand and have received notification in writing confirming a place.
- Re-enrolment for September is required at the end of the summer term. Places will not roll over between academic years.
- Once a place has been accepted by a parent, fees are to be paid in full, in advance.
- Booking forms will not be accepted without initial payment.
- In order to retain a place at Care Club, fees must be paid four weeks in advance. (Payment for September must be made in July.)
- Fees are payable even if your child does not attend for any reason.
- Fees are payable in advance by Parent Pay, tax free child care, or childcare vouchers.
- We accept vouchers from the following schemes: Computershare, Edenred, Allsave, Busy Bees, Sodexo, Salary Exchange, You at work and Care-4. We are always happy to add others.
- All outstanding fees must be paid in full before further Clubs can be attended.
- Ad hoc sessions or on the day bookings are operated on a first come first served basis, and the Club
 reserves the right to refuse booking if places are not available.
- Sessions are not transferable.
- No refunds will be made for non-attendance unless this is as a result of school cancelling.
- Four weeks' notice must be given if you no longer require your place in Care Club.
- We do not charge for bank holidays and professional training days.
- Fees will be reviewed at least annually by the Board.
- Children accessing before school Care Club must be signed in by a parent/carer.
- Children being collected from after school Care Club must be signed out by a parent/carer.
- Children must be collected promptly at the end of their session.
- If a parent/carer will be late to collect their child, they must notify the school by telephone as soon as they know they are going to be late.
- A late collection charge will automatically be applied every 15 minutes if a child is late being collected.
- Where Care Club is not aware the child will be collected late, the Uncollected Child Policy will apply.
- Children will not be allowed to leave with any adult who is not named as a contact, or who is under 16 years of age.
- Parents/carers agree to abide by the Club's policies and procedures once their child is booked into Care Club.
- Parents/carers must read the Club Handbook and abide by all rules within it.
- It is the parents/carers responsibility to notify the Club, in writing, any change of work place, home address or contact person.
- Parents/carers must supply the Club with at least two emergency contact telephone numbers and it
 is the parent/carers responsibility to ensure these are kept up to date.
 Child's name

Parent or carer's name	
I consent for my child to attend Care Club. I have read a and Conditions and I agree to abide by them.	and understood the Handbook, and the Terms
Signature:	Date:



Care Club Sun Protection

Children love to play outside in the sun, but sunburn in childhood increases the risk of developing skin cancer in later life.

Care Club is concerned about protecting your child from sunburn and skin damage. Please provide a suitable hat, such as a legionnaire's hat or sunhat. On sunny days apply sunscreen to any exposed parts, and send sunscreen into school with your child.

With your consent we will guide your child to ap consent form below.		

Permission to apply sunscreen		
Child's name:	***************************************	
I am happy for my child to have sunscreen applied		
Tail happy for my child to have sunscreen applied	at care clas.	
I will provide a bottle of sunscreen labelled with m	ny child's name for use at the Club.	
Signed parent/carer):	Date:	
Print name:		
This consent will remain valid whilst your child is in	n the care of this Club.	

Care Club Session Booking Form September 2024

Child 1: _____

Session	Time	Cost	Mon	Tue	Wed	Thurs	Fri
			Tick if				
100 mm			required	required	required	required	required
Session 1	8.30-8.45am	£2.00					
Session 2	7.30-8.45am	£6.00					
Session 3	3.15-4.15pm	£6.00					
Session 4	3.15-5.00pm	£9.00					
Session 5	3.15-5.30pm	£13.00					
A charge will be made every 15 minutes for late collections		£6.00					

Child 2: ______(please remember your 10% discount)

Crina Z	A CONTRACTOR OF THE PARTY OF TH		CONTRACTOR OF THE PARTY OF THE	(picase rem	lember your 10	70 discourie,	
Session	Time	Cost	Mon	Tue	Wed	Thurs	Fri
			Tick if	Tick If	Tick if	Tick if	Tick if
			required	required	required	required	required
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A charge will be made every 15 minutes for late collections		£6.00					

Request by(parent/carer):	Date:
Contact Number :	Email Address :