**St Anne’s Out of School Club**

**Booking Form**

**Requested start date:**

Sessions start at: Breakfast Club: 7.45am and run until 8.45am

 After School Club: 3.30pm and run until 6.00pm

Fees per session: Breakfast Club: £3.50

 After School Club: £6.75 1 child, £12.00 2 children and £16.50 3 or more children

*(Please tick the sessions that you require below)*

|  |  |  |
| --- | --- | --- |
|  | **Breakfast Club** | **After School Club** |
| **Monday**  |   |  |
| **Tuesday**  |   |  |
| **Wednesday**  |   |  |
| **Thursday**  |   |  |
| **Friday**  |   |  |

Name of Child 1………………………………………….Class………………. DOB………………

Name of Child 2………………………………………….Class………………. DOB………………

Name of Child 3………………………………………….Class………………. DOB………………

Please book my child in for the days indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.

Signed: ....................................................................... Date: ....................

*(parent/carer)*

Tick if EYFS child**St Anne’s Out of School Club**

 **Registration Form**

|  |  |  |
| --- | --- | --- |
| **Child’s Details**  |  | **Date of Registration:**  |
| First name:   | Surname: |  | What s/he likes to be called: |
| Date of birth and current age:  | School attended: First language: |  | Name of key person: |

**Parent/Guardian details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title:   | First name:  | Surname  | Title: | First name: | Surname |
| Home address:     | Home address (if different):  |
| Does this child normally live at this address? Yes / No | Does this child normally live at this address? Yes / No |
| Work address:     | Work address:  |
| Home number:  | Mobile number:  | Work number: | Home number: | Mobile number:  | Work number: |
| Email address:   | Email address: |
| Does this person have parental responsibility? Yes / No | Does this person have parental responsibility? Yes / No |
| Does anyone else have parental responsibility for this child? Yes / No *(If yes, please provide details overleaf.)*  |

**Emergency Contact Details** *(please provide details of two people we can contact if we are unable to get hold of you)*

|  |  |  |
| --- | --- | --- |
| Name:  | Telephone number: | Mobile number:  |
| Address:    |  | Relationship to the child:  |
| Name:  | Telephone number: | Mobile number:  |
| Address:    |  | Relationship to the child:  |

**Child’s Doctor**

|  |  |
| --- | --- |
| Name of Doctor:  |  |
| Address:    | Telephone:  |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has: *(continue overleaf if necessary)*   |
| Please detail any dietary requirements / food allergies: *(continue overleaf if necessary)* |
| Is there anything your child doesn’t like (food, games etc) or is scared of? |
| What are your child’s favourite activities?  |

**Signature of Parent/Carer Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All information will be kept confidential in line with our* ***Data Protection Policy*** *and our* ***Privacy Notice****.*

**St Anne’s Out of School Club**

**Medical Form**

|  |
| --- |
| **Child’s name: Date of birth:**  |
| **Doctor:**  |
| **Doctor’s address:**  |
| **Doctor’s telephone:**  |
| Does your child or the child in your care have any known medical problems or additional needs? (Please list)   |
| Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed)      |
| Does your child have any known allergies? (an Allergy Management Plan will be put in place where required)       |
| Does your child have any dietary requirements?    |
| Any other information relevant to your child’s health    |
| Parent/Carer emergency contact telephone numbers:  |

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed:………………………………………………………. Date: ……………………

**St Anne’s Out of School Club**

**Permission to administer medicine**

|  |  |
| --- | --- |
| **Child’s name:**  | **Date of birth:**  |
| **Child’s address:** **Parent’s contact no:**  |  |
| **Doctor’s name:**  | **Telephone no:**  |
| **Address of surgery:**  |  |
| **Reason for medicine:**  |  |
| **Name of medicine:**  | **Storage requirements:**   |
| **Dosage:**  |  |
| **Times to be administered:**  |  |

I give permission for medicine to be given to my child in accordance with the details above.

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Staff at St Anne’s Out of School Club will only be permitted to administer medication to your child if you complete and return this form.
* Under no circumstances will members of staff administer medication against the will of a child.
* We can only administer prescription medication if it has been prescribed for the child in question by a doctor, dentist, nurse or pharmacist. Note that we can only administer medication containing aspirin if prescribed by a doctor.

If you have any concerns or questions, please contact St Anne’s Out of School Club manager.

**St Anne’s Out of School Club**

 **Contract with Parents**

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or carer’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I will complete the necessary registration form and pay a non-returnable deposit of £5 per family to secure my place.
* I will, if there is a need to make changes to booked sessions, put it in writing at least one month in advance.
* I consent for my child to attend St Anne’s Out of School Club. I understand that the club has policies and procedures (which are available for reference at the club), and that there are expectations and obligations relating both to the club and to myself and my child, and I agree to abide by them.
* I understand that St Anne’s Out of School Club is a play setting and that whilst my child is there St Anne’s Out of School Club is legally responsible for him/her.
* My child will be provided with a snack and drink whilst at the club unless otherwise requested. I understand it is the child’s choice if they have snack.
* Once my child arrives at St Anne’s Out of School Club he/she will be in the care of St Anne’s Out of School Club until collected and signed out by an authorised person.
* I will notify the club before the start of the session if I am collecting my child from school on a day that he/she is booked to attend the club. I understand that I will be charged for the booked session.
* I will book my child into the club on an annual basis and will pay promptly for all booked sessions whether my child attends or not (eg due to illness or holidays).
* It is my responsibility to keep the club manager informed of any alterations to the information regarding my child (eg contact details, medical conditions, etc).
* I accept that my child may take part in messy activities while at St Anne’s Out of School Club. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
* St Anne’s Out of School Club closes at 6.00pm. If, due to unforeseen circumstances, I am going to be late, I will contact the manager/deputy as soon as possible.
* If I do not collect my child by 6.00pm I will pay a charge of £1 per quarter of an hour to cover the costs of the staff who are legally required to supervise my child.
* If I do not collect my child by 6.30pm, and the club has been unable to reach me or any of my emergency contacts, I understand that St Anne’s Out of School Club will follow its **Uncollected Children** **Policy** and contact Social Care.
* Whilst St Anne’s Out of School Club tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child’s property whilst at the Club.
* I have read the club’s **Behaviour** **Management Policy** and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the club, and I will pay for any missed sessions unless otherwise agreed with the manager.
* If there are any accidents or incidents at St Anne’s Out of School Club involving my child, I will be informed.
* If my child has an accident at the club, he/she will be treated by a qualified first aider and I will be informed as soon as possible. If my child needs urgent medical treatment and I am unavailable, a member of staff from St Anne’s Out of School Club will sign any consent forms necessary for treatment on my behalf, as stated on the club’s **Medical Form**.
* Information held by St Anne’s Out of School Club regarding my child will be treated as confidential. However, in certain circumstances, for example if there are child protection concerns, I understand that the club has a legal duty to pass certain information on to other agencies, including Police, Social Care and health care professionals.
* I understand that aggressive and abusive behaviour towards staff will not be tolerated.
* I agree that I will not use a camera, mobile phone or other mobile device on club premises.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_