

Play & Learn Breakfast/After School Club @ The Palmer Academy

Child's name _____

Parent or carer's name _____

- I consent for my child to attend **Go Beanies**. 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 **Go Beanies** is a play setting and that whilst my child is there **Go Beanies** is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- Once my child arrives at **Go Beanies** he/she will be in the care of **Go Beanies** until collected and signed out by an authorised person.
- I will book my child into the club on a **termly and/or ad-hoc basis** and will pay promptly for all booked sessions whether my child attends or not (eg due to illness or holidays). Fees are always due one calendar month in advance for termly bookings; and at the time of booking (but not less than 24 hours in advance) for ad-hoc bookings.
- 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 **Go Beanies**. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
- **Go Beanies after-school club** closes at **5.45pm**. 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 5.45pm I will be subject to an immediate charge of £10.00 per child. An additional £10.00 will be charged for every fifteen minutes that passes, up until collection to cover the costs of the staff who are legally required to supervise my child.
- If I do not collect my child by **6.15pm**, and the club has been unable to reach me or any of my emergency contacts, I understand that **Go Beanies** will follow its **Uncollected Children Policy** and contact Social Care.
- Whilst **Go Beanies** 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 **Go Beanies** 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 **Go Beanies** will sign any consent forms necessary for treatment on my behalf, as stated on the club's **Medical Form**.
- Information held by **Go Beanies** 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 have read and **understood** the above terms and conditions and I agree to abide by them.

Signature: _____

Date: _____

Tick if EYFS child Please provide a password for collecting your child _____



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Registration Form

Child's Details

Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	Class attended: First language:	Name of key person/class teacher:

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 <i>(If yes, please provide details overleaf.)</i>					

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: (please provide full details)

Please detail any dietary requirements / food allergies for your child: (please provide full details)

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:
