Registration Form

Section 1 - Your child

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | What I like to be called: | Date of Birth: | Male/Female: |

|  |  |
| --- | --- |
| Home Address: | Home Tel. No: |

|  |  |
| --- | --- |
| School Name: | Proposed Start Date: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sessions Required | Mon | Tues | Wed | Thurs | Fri | Notes: |
| AM | 7.30 – 9.00am |  |  |  |  |  |
| 7.45 – 9.00am |  |  |  |  |  |
| PM | 3.00 – 5.00pm |  |  |  |  |  |
| 3.00 – 6.00pm |  |  |  |  |  |
| 3.00 - 6.15pm |  |  |  |  |  |

|  |  |
| --- | --- |
| Please give details of any allergies / dietary requirements: | |
| Please give details of any additional/special needs/support? | |
| First Language: | Other languages spoken: |

|  |  |  |
| --- | --- | --- |
| Name of GP | Address of GP | Tel. No |

|  |
| --- |
| Are you/your child/family in contact with a Social Worker/Family Support Worker? |
| Did you attend a setting previously? Eg Nursery /other Out of School Club |

Section 2 - Parent/Guardian

|  |  |  |
| --- | --- | --- |
| Parent/Guardian’s Name: | Place of work & position | Tel Number(s) – Work & Mob |

|  |  |  |
| --- | --- | --- |
| Email address: | | |
| Would you be happy for us to email you with club news/information? | Yes | No |

|  |  |  |
| --- | --- | --- |
| 2nd Parent/Guardian’s Name: | Place of work & position | Tel Number(s) – Work & Mob |

|  |
| --- |
| Names of those who have legal parental responsibility (and address if not listed above): |

|  |
| --- |
| Names of who else lives in the household (eg family members) |

Section 3 – Emergencies

|  |  |
| --- | --- |
| Emergency Contact Name: (other than parent) | Emergency contact Address & Tel number |

|  |  |
| --- | --- |
| Emergency Contact Name (2) | Emergency contact (2) Address & Tel Number |

|  |
| --- |
| Other persons who may drop off/collect child (with notice): |

Payment

Fees must be paid in advance either weekly or monthly. If payment is not received by end of week/month then entry will be refused for any subsequent sessions. Cheques are no longer accepted as a form of payment. Notice is required for holidays and any days your child will not be attending. A minimum of one week’s notice is required to avoid being charged for the session.

Please feel free to discuss any queries/concerns you may have with a member of staff, however small they may seem.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

When travelling to and from school, children may be escorted by a single member of staff who has been thoroughly vetted as stated in our Policies & Procedures.

I/We hereby give permission for my child, . . . . . . . . . . . . . . . . . . . . . . . . . , to be escorted to and from school by The Cookie Club.

I give permission for my child, . . . . . . . . . . . . . . . . . . . . . . . ., to travel by car using appropriate seat belts, in a car in which the driver is fully insured.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I understand that on some occasions activities may include a short walk to the park. I hereby

give permission for my child, . . . . . . . . . . . . . . . . . . . ., to walk to the park with play workers.

I agree to the policies and procedures of this club and confirm that the information given in this form is true to my knowledge.

Signed . . . . . . . . . . . . . . . . . . . . . . . . . Parent/guardian

Signed . . . . . . . . . . . . . . . . . . . . . . . . . On behalf of the Cookie Club

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# 

# The Cookie Club

# Medical Form

|  |  |  |
| --- | --- | --- |
| Child’s name: | | Date of birth: |
| Doctor: | Doctor’s address & telephone: | |
| Do 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 behavioural/learning needs eg ADHD? How is this managed? | | |
| 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: |

**The Cookie Club**

**Parent/Carer’s Contract**

Child’s name

Parent or carer’s name

* I consent for my child to attend The Cookie 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 The Cookie Club is a play setting and that whilst my child is there The Cookie Club 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 the club he/she will be in the care of The Cookie 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), unless I have made other arrangements with the manager.
* 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 The Cookie Club. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
* The Cookie 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 6.15pm I will pay a charge of £15 per quarter of an hour to cover the costs of the two 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 The Cookie Club will follow its **Uncollected Children** **Policy** and contact Social Care.
* Whilst The Cookie 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.
* 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 The Cookie 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 the club will sign any consent forms necessary for treatment on my behalf, as stated on the club’s **Medical Form**.
* Information held by The Cookie 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.
* We will liaise with schools and teachers regarding children’s development and other issues as part of our commitment to multi-agency working and providing the best possible care.

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

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

Permission for Photographs

The Cookie Club would like to ask permission from parents/guardians to take photographs of their children during ‘work’ and ‘play’. These photographs will be taken on our ‘Cookie Club Camera’ and stored securely.

Please tick the appropriate boxes below.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I give permission for the Cookie Club to take photographs of my child at‘work’ and at ‘play’. |  |  |
| I give permission for these photographs to be displayed **within the setting,** for example on wall displays and in a ‘Group Learning Journey’ which is put together for parents and children to look back on activities we have been doing. |  |  |
| I give permission for photographs/videos of my child to be used in staff training portfolios when collecting evidence of course work. |  |  |
| I give permission for photographs/videos of my child to be used for published marketing purposes, for example in Cookie Club leaflets, posters and newsletters. |  |  |
| I give permission for photographs/videos of my child to be used online, on the Cookie Club Facebook Page and the Cookie Club website. |  |  |

Child/children’s Full Name/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**The Cookie Club**

**Privacy Notice**

AtThe Cookie 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 telephone, email and social media (where appropriate) 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)
* 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.*