

Registration forms

Please complete a separate form for each child

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| Registered Company  Willows Clavering Ltd 09944957 | Telephone: 07470 259153  Email: admin@willowsoutofschool.com |

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| --- | --- |
| Childs Name: | Home address: |
| Known as: |
| Date of Birth: |
| Gender: | Postcode: |
| Childs school: | Childs class: |

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| **Parents/Carer details**  **Please list in order of preference who to contact** | |
| Name of Parent/Carer:  Relationship to child:  Does this person have parental responsibility for this child?  Do you have legal access to the child Yes/No | **Telephone numbers**  **Please inform us if these details change** |
| Home address if different: | Home: |
| Mobile: |
| Postcode: | Work: |
| Email Address  Use for invoice Yes/No | Place of work: |
| Name of Parent/Carer:  Relationship to child:  Does this person have parental responsibility for this child?  Do you have legal access to the child Yes/No | **Telephone numbers**  **Please inform us if these details change** |
| Home address if different: | Home: |
| Mobile: |
| Postcode: | Work: |
| Email address  Use For Invoice? Yes/No | Place of work: |

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| Person’s other than parent/carer who you authorise to collect your child | |
| Name: | Name: |
| Relationship to child: | Relationship to child: |
| Contact number: | Contact number: |

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| **Childs medical details** | |
| Childs named Doctor: | Does your child have any known medical conditions, eg. allergies, asthma? YES/NO |
| Address of Doctors surgery: | Please specify and give details of any regular medication or treatment:  *(Please note that a separate medication consent form has to be completed)* |
| Postcode: |
| Telephone number of surgery: |
| **Medical** **treatment** | |
| ChildsName**:** | |
| I consent/ do not consent (delete as appropriate) to first aid or Emergency treatment deemed necessary during their time at the club in an event of my child needing hospital treatment I will allow a member of staff to accompany them to the Emergency department of the nearest hospital to seek advice and treatment from a medical practitioner. | |
| Signed: | Date: |
| If my child should become unwell during a session, I agree to collect or arrange for the collection of my child as soon as possible. | |
| Signed: | Date: |
| **Other information** | |
| Does your child have dietary needs? YES/NO  Please Specify | |
| Does your child have known Special Education Needs? YES/NO  Please Specify | |
| Does your child have any disability? YES/NO  Please Specify | |

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| Additional Information (Please use this space to note other Information you feel will help us provide the right care for your child E.g. activities they enjoy/dislike, fears, friends etc) | |
| **Sun Cream** | |
| I agree to supply suitable sun cream and I consent/ do not consent to my child having sun cream applied if the club staff feel it is necessary. | |
| Signed: | Date: |

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| **Club Activities** | |  |
| I agree/ do not agree to my child being taken off the club’s premises for the purpose of short local visits/trips to parks, shops Etc. (Separate consent will be required for longer trips further afield or those requiring more detailed information to parents- cinema, farms etc.) | |  |
| Signed: | Date: |  |

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| **Photographs** | |
| I give/ do not give permission for my child to be included in any photography/video projects that take place at the club. This may include promotional work for the club, local press etc (Please note that surnames will not be used in newspaper articles etc) | |
| Signed: | Date: |

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| **Transport** | |
| I agree/ do not agree to my child being collected from their school by members of Willows staff and transported by walking bus to the club. | |
| Signed: | Date: |

**Privacy Notice**

At Willows 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

• 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.*

**Contract with Parents**

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent or carer’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I consent for my child to attend Willows. 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 Willows is a play setting and that whilst my child is there, Willows is legally responsible for them.
* My child will be provided with a snack and drink whilst at the club unless otherwise requested.
* Once my child arrives at Willows they will be in the care of Willows 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 they are 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 a termly 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 Kym or Helen. I understand that my booking will roll over to the following term unless I give at least 1 months written notice of change or cancellation of sessions. I understand that all fees must be paid monthly in advance by the first of each month. A fee of £25 will be automatically added to my invoice for all late payments, including non-cleared funds.
* It is my responsibility to keep Kym or Helen 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 Willows. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
* Willows closes at 6.30pm. If, due to unforeseen circumstances, I am going to be late, I will contact the Willows by telephone or email as soon as possible.
* If I do not collect my child by 6.30pm I will pay a charge of £25 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 Willows will follow its Uncollected Children Policy and contact Social Care.
* Whilst Willows 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 Kym or Helen.
* If there are any accidents or incidents at Willows involving my child, I will be informed.
* If my child has an accident at the club, they 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 Willows will sign any consent forms necessary for treatment on my behalf, as stated on the club’s Medical Form.
* Information held by Willows 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 understand that a registration fee of £20 per child or £30 per family is payable on registration and will be added to my first invoice. All payments should be made to Willows Clavering Limited, account number 95279830 sort code 09-01-28.
* I agree to ensure that all contact details are up to date at all times.
* Our extensive policies and procedures are freely available to all parents/carers.
* I understand that Willows reserves the right to increase prices annually, the increased prices will be payable from September, no less than 2 months notice will be given before prices are increased.

By signing this form you agree that the above data can be collected and stored for the use of Willows Clavering Ltd.

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

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

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

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

**Sessions required**

**Breakfast club**

Fees per session (regulars): £9.00

Fees per session (one off): £12.00

7am opening: £15.00

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

|  |  |  |
| --- | --- | --- |
| Days | 7.30am- 8.45am | 7am opening |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

**After School Club**

Fees per session (regulars): 3.15pm – 5.00pm: £11.00 | 3.15pm – 6.30pm: £17.00

Fees per session (one off): 3.15pm – 5.00pm: £15.00 | 3.15pm – 6.30pm: £21.00

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

|  |  |  |
| --- | --- | --- |
| Days | 3.15pm - 5pm | 3.15pm - 6.30pm |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Please note the session till 5pm does **NOT** include tea.

Please book my child in for the days and times 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.

Please register my child for adhoc sessions only Yes/No