Registration Form – Confidential

**I wish to register my child for After School and/or Breakfast Club sessions as indicated below:** *(Please circle as appropriate)*

## Breakfast Club: Monday Tuesday Wednesday Thursday Friday

## After School Club: Monday Tuesday Wednesday Thursday Friday

**Holiday Club: Please also complete separate booking form**

|  |  |
| --- | --- |
| Child’s full name:  | ……………………………………………………………………………. |
| Child’s preferred name: | …………………………………………………………………………… |
| Date of birth: | ………………….……. | Age: ………………….  | Male / Female |
| School Year | ………………………. | Class: ………………………. |
| Name of the school attended: | …………………………….. | ………………………………. |
| **1st Parent/Carer** |
| Name: | ………………………. | Home phone number: | ………………………….. |
| Home address: | ……….…………………………………………………………………………………. |
| …………………………………………………….. | Mobile number: | …………………………… |
| Daytime phone number: | ……………………… | Times at this number: | …………………………… |
| Email address:  | ……………………… |  |  |
| **2nd Parent/Carer** |
| Name: | ………………………… | Home phone number: | ……………………………… |
| Home address: | ……………………………………………………………………………………………. |
| ………………………………………………………. | Mobile number: | ……………………………… |
| Daytime phone number: | ……………………….. | Times at this number: | ………………………………. |
| Email address:  | ……………………… |  |  |
| **Emergency contact** |
| Name: | ………………………. | Home phone number: | ………………………………. |
| Home address: | …………………………………………………………………………………………….. |
| ……………………………………………………… | Mobile number: | ………………………………. |
| Daytime phone number | …………………….. | Times at this number: | ………………………………. |
| Child’s doctor |  |
| Name: | ……………………………….. | Phone number: | ……………………………….. |
| Address: | ………………………………………………………………………………………………………… |
| **Special Needs:** |
| Please give details of any disabilities or special needs your child may have, including allergies and dietary needs: ………………………………………………………………………………………………………………….…………………………………………………………………………………………….…………………………..Please give any other information you feel our staff should know about your child: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….Does your child have a statement of special educational needs (S.E.N.) ? Yes NoIf **yes**, please provide details: …………………………………………………………………………………….……………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………….Does your child have special educational needs but no statement? Yes NoIf **yes**, please provide details: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. |

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| **Ethnicity** (please provide the ethnic background of your child by ticking the relevant box): |
| White  | British |  |
|  | Irish |  |
|  | Any other white background (please specify) ……………… |  |
| Asian or Asian British | Indian |  |
|  | Pakistani |  |
|  | Bangladeshi |  |
|  | Any other Asian background (please specify) ……………… |  |
| Black or British Black | Caribbean |  |
|  | African |  |
|  | Any other Black background (please specify)……………… |  |
| Chinese or other ethnic group | Chinese |  |
|  | Any other (please specify)……………………………………… |  |
|  |  |  |

Names of people allowed to collect your child from Club

Name…………………………………………………..

Name…………………………………………………..

Name…………………………………………………..

Please provide a **password** that the person collecting your child can give as identification of their right to do so: ………………………………………..

I consent to my child’s photo being taken for publicity purposes Yes / No

I consent to my child receiving emergency medical treatment Yes / No

I consent to my child receiving first aid when necessary Yes / No

I give permission to my child to watch videos that are rated P.G at the club Yes / No

I agree my child to have face painting Yes / No

Please give date of child’s last tetanus booster ………………………………..……………..

I will be claiming the Child Tax credit Y / N

I and/ or my partner were employed before the availability of the childcare Tax Credit Y / N

I and/ or my partner have taken up employment after the availability of child care Tax Credit Y / N

Your email address ……………………………………………………………………….

I have received and understood the “Information for Parents” document detailing the conditions of booking a place at the After School Club and agree to abide by them.

Signed……………………………………. Print Name …………………………………………..

Date ……………………………………….

Please add any further information you may consider relevant.

**Needs Assessment**

In order to ensure the correct provision is made for your child, it is vital that you inform us of any relevant special needs information. Would you describe your child as having any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| Social Difficulties | **YES / NO** | Physical Difficulties | **YES / NO** |
| Learning Difficulties | **YES / NO** | Communication Difficulties | **YES / NO** |
| Hearing or Sight Difficulties | **YES / NO** | Medical Conditions | **YES / NO** |

If you answered **YES** to any of the above, please provide further information to help us assist your child. (Please continue on a separate sheet if necessary)

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| Does the child require nappy changing? | **YES / NO** | (If **YES**, please provide the appropriate equipment – creams, wipes and nappies /pads. Also please inform us of any details of the way the child is used to beingchanged) |
| Can the child feedhim / herself? | **YES / NO** | (If **NO**, how much help is required?)Does the child need help to drink or use a special cup / straw etc? |
| Do you accept that if the child does not behave in an acceptable manner, as stated in the behaviour policy, you would collect him/her **promptly** from the playscheme when contacted by the Play Leader in charge. | **YES / NO** |  |

**Specific Needs - Identifying Risk – Please tick which column you identify as the level of risk posed by the activity described for the child named above.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Low** | **Medium** | **High** | **Please give details** |
| Running/walking on uneven surfaces |  |  |  |  |
| Ride on toys |  |  |  |  |
| Climbing |  |  |  |  |
| Swallowing small objects |  |  |  |  |
| TV screens/monitors |  |  |  |  |
| Weather Changes |  |  |  |  |
| Mobility |  |  |  |  |
| Using sharp Object  |  |  |  |  |
| Mobility Aids |  |  |  |  |

What is the child’s preferred method of communication? (Speech, Pecs)

 …………………………………………………………………………………………………………………..

**Essential Information for the Play Leader’s Attention**

**Please include child’s specific likes, dislikes and triggers for medical conditions (e.g. epilepsy) or which might provoke a change in your child’s behaviour (e.g. loud noises, sensory stimulation).***Please also note any particular behavioural tendencies that the Play Leader needs to be alert to. Please continue on a separate sheet if necessary*.

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| --- | --- |
| **Parent/Carer’s Signature – (Confirming that****all information given is accurate):** |  |
| **Date of Registration** |  |

***SOP Number 26***

**The Downley After School Club**

**Standard Operating Procedure**

**Privacy Notice**

At The Downley After School 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 legal basis for processing the personal information relating to you and your child is so that we can fulfil our contract with you.

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, social media and post, so that we can send you information about your child, our Club and other relevant news, and also 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 and that you give your permission for us to contact you regarding relevant matters.

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.*