  
**REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Details** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | |  | | D.O.B | | | | |  |  | |
|  | | | | | | | | | | | | | | | | | |
| Sex | | | | Male ☐ Female ☐ | | | | Verbal password | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Details 1** | | | | | | | | | | | | | | | | | |
| Relationship to child | | | |  | | | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
|  |  | | First name | | |  | | | | | | Surname | | |  | |  |
|  | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| E-mail | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Telephone number | | | |  | | |  | | | Mobile number | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | |
| Place of work | | | |  | | |  | | | Telephone number | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Details 2** | | | | | | | | | | | | | | | | | |
| Relationship to child | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Title |  | | First name | | |  | | | | | | Surname | | |  | |  |
|  | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| E-mail | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Telephone number | | | |  | | |  | | Mobile number | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | |
| Place of work | | | |  | | |  | | Telephone number | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | |
| Who has legal parental responsibility for the above named child? Please print all names. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Dietary requirements (allergies, intolerances and religious requirements) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Medical Information** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Name of doctor | | | | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Telephone number | | | | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Allergies | | | | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Medical conditions | | | | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| **Additional Emergency contact** | | | | | | | | | | | | | | | | | |
| Title |  | | First name | | |  | | | | | | Surname | | |  | |  |
|  | | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| E-mail | | | |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Telephone number | | | |  | | |  | | | Mobile number | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | |
| Relationship to child | | | |  | | |  | | | Verbal password | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | |
| Name of School Attending:   |  | | --- | | Coppice Pre-School |   Class and Year Group   |  | | --- | | N/A |   Start Date  September 2022   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please Tick | Monday | Tuesday | Wednesday | Thursday | Friday | | 08:45-11:45 |  |  |  |  |  | | 11:45-14:45 |  |  |  |  |  |   Is there any additional information you would like to share with us about your child?   |  | | --- | |  | | | | | | | | | | | | | | | | | | |
| I/we confirm that I/we have disclosed relevant details/information to Beanstalks regarding my/our child, and will take full responsibility to inform them of any changes as and when they arise.  I/we have read and understood the Terms and Conditions of Beanstalks, which are found in the registration pack and on the website.  We the signed have legal parental responsibility for the above named child. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Signed | |  | | | | | | | | | | | Date |  | | |  |
|  | | | | | | | | | | | | | | | | | |
| Signed | |  | | | | | | | | | | | Date |  | | |  |
|  | | | | | | | | | | | | | | | | | |

If you are applying for Early Education Entitlement Funding alongside your Pre-School place, please also complete our “Parent Funding Contract” and send these over to [Saskia.beanstalks@gmail.com](mailto:Saskia.beanstalks@gmail.com) or [beanstalks@hotmail.co.uk](mailto:beanstalks@hotmail.co.uk) together.

PARENTAL CONSENT FORM

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| --- | --- | --- | --- |
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| Child’s name |  | |  |
| In order for us to provide the best possible care for your child and to comply with your wishes, we require you to complete the form below. Please tick all boxes that apply and then sign at the bottom. | | | |
| **Child Protection**  We have a duty to report any child protection or concerns regarding the possible abuse of a child in our care to both Ofsted and the Duty Officer at the Local Social Services Department (Trafford – Children’s First Response.) | | | |
| I/We understand that any concerns regarding our child and possible abuse will be reported. | |  |  |
| **Outings**  We take the children on regular outings in the local area in order for them to learn about their community and environment. If we are planning on a trip further afield then we will inform you and ask for permission. (Pre-School and Holiday Club) | | | |
| I/We give permission for our child to be taken on regular local outings. | |  |  |
| ***Transport*** | | | |
| I/We give permission for our child to go on public transport and in correctly organised private transport organised by the setting. | |  |  |
| **Emergency Medical Treatment** In the event of an emergency we will contact parents as soon as possible, however they may not be contactable or unable to get to the setting quickly enough for the nature of the incident. In these situations we request permission to seek emergency medical treatment for your child. | | | |
| I/We give permission for the setting to seek emergency medical treatment on behalf of my child. | |  |  |
| Information Sharing I/we give permission for Beanstalks to liaise with the host school about my/our child to better learning outcomes  and support additional needs if necessary. Face Painting | | | |
| I/We give permission for our child to have their face painted. | |  |  |
| Sun Cream | | | |
| I/we give permission for our child to have sun cream applied to them when appropriate. | |  |  |
| ***Large Play Equipment*** | | | |
| I/We give permission for our child to play on large play equipment. | |  |  |
| PG Movies We sometimes show movies as a treat for the children at the end of term. I/We consent to our child watching a PG movie with an appropriate adult present. Photographs Whilst your child is in Beanstalks we will be taking photographs for a variety of different purposes. Please indicate which of the following you give your consent to. | | | |
| Child’s learning journal and profile | |  |  |
|  | | | |
| Parent encrypted Famly page (for holiday club and wraparound care.) | |  |  |
|  | | | |
| Club promotional literature (including advertising and marketing) | |  |  |
|  | | | |
| Club website and Facebook page | |  |  |
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| Club display boards | |  |  |
|  | | | |
| Press releases | |  |  |
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|  | | | |
| Parent/Carer Signature (with legal parental responsibility for the above named child) | | | |

**Terms and Conditions**

**Issued 2020**

**Registration**

* Children will only be considered for a place at Beanstalks when a completed registration form is submitted and acknowledged by email from central admissions.
* New breakfast and after school places will only be allocated in April to coincide with school offer day, if you currently hold a place at Beanstalks and wish to leave for any circumstance we cannot hold your place and you will be required to reapply the following year.
* When your child’s place is confirmed the days attending will remain the same and can only be changed with agreement by the admissions coordinator, any changes agreed will be actioned for the following term.
* Cancellation of places require at least one month’s notice in writing and will be reflected in the final invoice. Please be aware that a notice period is considered as a term time date and will not include notice over a holiday period.
* All children join us on an initial assessment period; during this time we will observe and assess them to ensure that we can meet their needs appropriately. We reserve the right to terminate a place during this period.
* All policies are subject to change or update without notice.
* Acceptance of this agreement is implicit when you sign our registration document and/or show acceptance by using the service provided.

*Please note that we do not have nappy changing facilities at any of our breakfast and after-school sites.*

**Fees**

* Full fees are payable half-termly in advance and must be settled in full before the first Monday of the term the invoice applies to. Any differing payment plan must have prior agreement in writing with the admissions team.
* Overdue invoices will result in Beanstalks reserving the right to terminate your contract. Such items will be recoverable by action if necessary via a debt collection agency.
* Late fees may apply and will be addressed on an individual basis.
* Fees are the joint responsibility of each person who has signed the registration form.
* Fees will not be refunded or waived for absence.

This includes sickness/holidays or any other case including unforeseen school closure (weather restrictions/Act of God/ Force Majeure/Government Guidance)

* Beanstalks reserve the right to review fees without consultation.
* All Pre-School parents are made aware of our voluntary enrichment charge and prompted to discuss with SMT if they have any questions.

**Parents and Carers**

* Collection / Drop Offs Children are signed in and out of the club. For the safety of children and staff we request your children are collected promptly before closing time at 1800.
* In cases of consistent lateness to collect your child from our care, we reserve the right to reduce session times and terminate your contract if deemed necessary.
* Children will only be released into the care of named contacts on the registration form that have the correct verbal password.
* Medicine / Illness Beanstalks will administer prescribed medicines only. The Medicine book must be completed and signed by the parent / carer. Parents are requested not to send their child to Beanstalks if they are suffering from any communicable diseases.

**Liability**

* Beanstalks accept no responsibility for any loss suffered by parents arising directly or indirectly as a result of any temporary closure of the clubs.
* Beanstalks do not accept any responsibility for children while in their parents care whilst dropping off or collecting children from Beanstalks clubs.
* Beanstalks will not be liable for damage or loss to a child’s property or for any loss resulting from a claim made by a third party.

**Information Sharing**

* Child and Parent Records (Data Protection) Beanstalks will hold information on you and your child, such as contact details, addresses, medical, dietary and special requirements. You have the right to a DSAR (Data Subject Access Request) at any time to view the records we hold at Beanstalks. You also have the right to terminate your contract with us after your months’ notice is up. At this point you can request that we remove you completely from our records (aside from what we must legally keep.) Your rights are protected by the EU GDPR (European Union, General Data Protection Regulations.) We also protect your information by ensuring we have encrypted contracts with all platform providers such as Famly. This can be explained upon request.
* Safeguarding Children in cases of suspected abuse of children, it is our duty and a legal requirement to report our concerns to social services as soon as possible.
* Sharing Information We work in a multi-agency environment. If we need to seek advice from outside professionals, or are asked to share information about your child, we will contact you directly to seek informed written consent.

Updated September 2024