Beautiful Creations After School Program
Contract and Registration Form

Beautiful Creations After School Program Director: Mrs. Nikki (Morgan) Mobley

e-mail: director@beautifulcreationscdc.com

Telephone: 864.606.7019

Information recorded here is kept confidential

Child's personal details:

Full name of child: ……Preferred Name……..…….

Date of Birth: (month/day/year) ……..

Gender: Male Female

Child's Home address: ……

……..……..Postcode: …….

Parents/Guardians details:

Full names:	**Parent/Guardian 1**	**Parent/Guardian 2**
Relationship to child:		
Home address: **Postcode:**		
Home telephone:		
Mobile telephone:		
Home phone:		
Email:		

Details of persons authorized to collect child or who can be contacted in an emergency:

Full name:	**Contact 1**	**Contact 2**	**Contact 3**
Relationship to child:			
Home address: **Postcode:**			
Mobile telephone:			
Work telephone:			
Home telephone:			
Email:			

Proof of identity, a phone call for verbal permission with an accurate description of the collector is required before releasing any child to anyone other than those noted above.

A password is also required. _____

Signed: Parent/Guardian: ……...Date: ……

Signed: Program Manager……Date : ……

Child's preferred language: ……..

Child's ethnicity:

☐ White ☐ Black/Black British

☐ Mixed/multiple ethnic groups ☐ Other ethnic group

☐ Asian/Asian British

Child's Religion: ……

Child's medical information/individual needs:

Name of doctor:……

Doctor's telephone number:……

Name and address of preferred hospital:……

……..……

Known medical conditions, allergies, special dietary and health needs:

☐ **Yes** ☐ **No**

If yes, please give details:

……

……

……

Details of any medication being used: ……

……

Has your child received a tetanus injection in the last five years ?

☐ **Yes** ☐ **No**

To the best of your knowledge has your child been in contact with any contagious or infectious diseases, or suffered anything that may be, or become contagious or infectious?

☐ **Yes** ☐ **No**

If yes, please give details…….....

……

Any other relevant information we should be aware of? birthmark/asthma etc.

……

I undertake to inform the Director of Beautiful Creations After School program as soon as possible of any change in medical and/or any other relevant circumstances.

Signed: Parent/Guardian: ……....Date: ……..……

Signed: Program Manager:…….Date :……..……

<u>Arrangements in the case of sickness and/or any emergency</u>: Beautiful Creations *After School Program* does not accept children who are unwell and we expect parents/guardians to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell during their stay with us we will contact the parent/guardian at the earliest opportunity. Staff at Beautiful Creations After School Program have undertaken appropriate training to deal with an emergency.

While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services. Please sign below giving your consent to Beautiful Creations After School Program taking such action in your absence:

IF A CHILD PORTRAYS ANY SYMPTOMS OF COVID-19 PARENTS WILL BE CONTACTED IMMEDIATELY. THESE SYMPTOMS INCLUDE, BUT ARE NOT LIMITED TO, FEVER, COUGH, SHORTNESS OF BREATH.

I *(print name)* …….. give my consent to Beautiful Creations After School Program administering basic first aid (of which a written record will be kept).

Signature of parent/guardian: ……

Date: ……

I *(print name)* …… give my consent to Beautiful Creations After School Program signing any written form or consent required by hospital authorities, including anaesthetic, if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my child's health and safety.

Signature of parent/guardian: ……

Date:…….

Permission for use of Sun cream

During the hot weather, please send in your child's sun lotion clearly labelled with your child's name. Also please sign your consent below for staff to apply further sun cream during very hot weather.

Parental Consent

Name of child : …….

I give my consent for a member of Beautiful Creations After School Program staff to apply and/or re-apply sun cream to the named above child.

Signed: Parent/guardian: ……..Date: ……..

Signed: Progam Manager……Date: ……

Photographs and videos:

I give my consent for Beautiful Creations to photograph or video my child and/or me or use photograph(s) or videos that already exist of my child and/or me that were taken in a childcare setting. I understand that the photographs, digital images, or video segments may be used in print or electronic media and that the photographs may be displayed on websites. I give Beautiful Creations permission to publish, exhibit, and distribute these materials. Possible uses include educational, research, development, public service, or training activities. I understand that Beautiful Creations owns the copyright to the multimedia material in which I, or my child may appear. Beautiful Creations will assure that it conveys positive images of children and reflect early childhood recommended practice. The issue of child safety is taken very seriously at Beautiful Creations After School program.

We ask that parents consent to Beautiful Creations After School program taking and using photographs and images of their children. Any use of students images at Beautiful Creations After School program will never include the full name of the pupil alongside an image.

Permission for Photographs and Digital Images

I consent to photographs and digital images of the child named below, appearing in Beautiful Creations After School program printed publications or on the website. I understand that the images will be used only for educational purposes and that the identity of my child will be protected.

I also acknowledge that the images may also be used in and distributed by other media, such as CD-ROM, as part of the promotional activities of the Beautiful Creations After School program

☐ We/I give permission for my child to be photographed

☐ We/I give permission for my child to be videoed.

☐ We/I give permission for my child's photograph/video to be placed on Beautiful Creations After School program's website.

☐ On receipt of specific information , and a separate consent for each promotional activity, we/I give permission for my child's photograph/video to be considered for external promotional activities at Beautiful Creations After School program.

Name of child: ……..

Name of parent /caregiver: .....

Signed: Parent/caregiver: ……..Date: ……

Signed: After School program Manager……..… Date: …….

Weekly Cost/Fees for Beautiful Creations After School Program:

Registration

(Name of child)……... to start on: ……..... for …… # of *days* p/week.

Operational hours: These are during school term dates **and include days District 7 schools are closed as indicated on their calendars for "Staff Development" days and Holidays.**

Fees

Registration fee……..$25.00

Weekly fee (3n days or more)..$55.00

Daily fee (1 or 2 days)……$15.00

School off days……...$15.00 added to weekly fee

School Holidays/weeks…….$60.00

Date Registration Fee received: ……

Please note that:

Beautiful Creations After School Program reserves the right to amend the terms/conditions and registration fees at any time.

- **All fees are due on the first day of the forthcoming week. If fees are not paid by the time your child/children are picked up from the After School program on Monday, they will not be picked up from school the following Tuesday.**

A child's continued place at Beautiful Creations After School program is dependent on continued payment of fees.

In the event of absence without notice or illness, occasional days off and parental holidays, or closure of Beautiful Creations After School Program due to an unforeseen event, **payment of the full session is required.**
Parents/caregivers are advised to speak to After School Program Manager about payment of fees in cases of prolonged absence.

Signed: Parent/caregiver: ……..Date: ……

Signed: After School program Manager……...… Date: …….

Beautiful Creations 2020-2021

Telephone 864.606.7019

Agreement between parent(s)/caregiver(s) and After School Program at Beautiful Creations:

- I understand Beautiful Creations will take my child's temperature upon arrival. Any temperature of 100.4 degrees or higher will result in my child not being able to attend the afterschool program.
- I understand my child (ages 5 and up) must wear a face mask at all times, while inside the bus and building of Beautiful Creations.
- I understand that by completing and signing this contract and registration form that I agree to meet the terms and conditions of Beautiful Creations After School Program
- I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.
- I agree to collect/make arrangements for my child to be collected from Beautiful Creations After School Program immediately I am informed that he/she is unwell.
- I agree not to send my child to Beautiful Creations After School Program if he/she is unwell.

Signed: Parent/caregiver: ……..Date: ……

Signed: After School program Manager……..… Date: …….

Personal information contained in this contract and registration form is kept in line with the confidentiality policy and procedure for Beautiful Creations After School Program.

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