**The following records are required by Law, and will be held in strict confidence, for After School use only.**

YOUR CHILD’S DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD’S NAME |  |  | DATE OF BIRTH |  |

|  |
| --- |
| HOME ADDRESS |
| **Home phone number E-mail** |

**PARENT’S DETAILS** Note: If the child lives with one parent only please indicate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME |  |  | NAME |  |
| PLACE OF WORK |  |  | PLACE OF WORK |  |
| **WORK TEL. No.** |  |  | **WORK TEL. No.** |  |
| **MOBILE No.** |  |  | **MOBILE No.** |  |

EMERGENCY CONTACT NAMES Please indicate telephone numbers and relationship to the child

|  |  |  |  |
| --- | --- | --- | --- |
| CONTACT NAME |  | **Tel:** | **Relationship** |
| CONTACT NAME |  | **Tel:** | **Relationship** |

Please indicate if there is any person who, because of **Legal constraints,** must **NOT** be allowed to collect the child:

|  |  |
| --- | --- |
| **NAME** | **Relationship****Description** |

MEDICAL INFORMATION

|  |
| --- |
| **NAME & ADDRESS****OF FAMILY DOCTOR** |

Please provide details relating to your child of the following:

|  |  |
| --- | --- |
| **ANY KNOWN ALLERGIES?** |  |
| **ANY SPECIFIC DIETARY REQUIREMENTS?** |  |
| **ANY SPECIFIC HEALTH PROBLEMS?** |  |
| **ANY BIRTHMARKS OR OTHER MARKS?** |  |
| **ANY OTHER MATTERS THAT THE CLUB SHOULD BE AWARE OF WITH REGARD TO THE CARE OF YOUR CHILD? i.e CAF, Additional needs, Social worker etc.** |  |

Signatures of authorisation are required on the attached Authorisation Sheet, however, please sign below to indicate that the above information is a true and accurate record.

**SIGNATURE: DATE:**

Legal requirements necessitate several signatures from parent/s relating to aspects of your child’s care whilst at the After School Club. To simplify the process St Paul’s Primary School has compiled the required signature onto this single form, of which you will receive a copy. The relevant legal clauses are reproduced on the reverse of the form. Please read carefully before signing each section.

|  |  |
| --- | --- |
| CHILD’S NAME |  |

I/we\* confirm that I/we have Parental Responsibilities as defined by the ‘Children Act 1989’*. Clause 1 of Terms & Conditions*

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  | SIGNATURE |  |

COLLECTION AUTHORITY. *Clause 2 of Terms & Conditions*

Listed below are the names of persons who may be asked by you to collect your child. Please indicate a ‘password’ that you wish the collector to use.

|  |  |  |
| --- | --- | --- |
| NAME | RELATIONSHIP | BRIEF DESCRIPTION OF COLLECTOR |
|  |  |  |
|  |  |  |
|  |  |  |
| Password |  |  |

SAFEGUARDING CHILDREN *Clause 3 & 4 of Terms & Conditions*

I/we do/ do not\* give permission for my/our child to be taken on outings from After School Club. *Clause 5 of T&C refers.*

|  |  |
| --- | --- |
| SIGNATURE |  |

I/we\* have read and understand the Safeguarding Children Procedures and the After School Club Complaints Procedure. *Clause 3 of T&C& 4 refers. (We will always ask again if necessary)*

|  |  |
| --- | --- |
| SIGNATURE |  |

I/we\* give permission for my/our child to be observed by SENCO if the club requires a second opinion on any educational concerns. *Clause 3 of T&C refers.*

|  |  |
| --- | --- |
| SIGNATURE |  |

DATA PROTECTION AND PHOTOGRAPHY *Clause 6 of T&C refers*

I/we do/ do not\* authorise photography/ video of my/our child by a member of the club staff authorised by the owners and/or management of After School Club. I/we\* understand that care and discretion will be use in protecting the children during any photography and that any digital or negative images will not be promulgated other than as wall display material evidence, in children’s folders or in in house video showings, for the benefit of the children, or as records for OFSTED.

|  |  |
| --- | --- |
| SIGNATURE |  |

I/We do/do not authorize permission for After school staff to seek emergency treatment for my child in the case of a medical emergency in the absence of parents.

|  |  |
| --- | --- |
| SIGNATURE |  |

*After School Club Acceptance Form*

I/we\* wish to take up the places specified below. I/we understand and accept the fee policy of St Paul’s Primary School *Clause 7 of T&C details the Fees policy.* I/we\* also agree to give Notice that my/our child will leave the Club under the terms set out in *Clause 8* of the Terms & Conditions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD’S NAME |  |  | DAYS Requested |  |
| SESSION  |  |  | FEE PER SESSION |  |
| PROPOSED START DATE |  |  | CLUB |  |  |

I/we\* agree to pay the fees due to St Paul’s Primary School for the attendance at the club of the above named child and when my/our child terminates attendance at the After School Club for whatever reason to provide the appropriate notice. *(As detailed in Clause 8 of Terms and Conditions)*

I/we\* have read the After School Club policies and procedures and accept these as providing the standard of care for my/our child/ children.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SIGNED |  |  | DATED |  |

\* Delete as appropriate