**Registration Form**

***For pupils of Wymondley JMI School***

**Section 1 - Your child**

|  |  |  |
| --- | --- | --- |
| Name: | What I like to be called: | Date of Birth: |

|  |  |
| --- | --- |
| Home Address: | Proposed start date: |

|  |
| --- |
| Sessions requested |
|  | Mon | Tue | Wed | Thu | Fri |
| PM | 3:15 – 4:15pm |  |  |  |  |  |
| 3.00 – 5.15pm |  |  |  |  |  |
| 3.00 – 6.15pm |  |  |  |  |  |
| Notes: |

*\*Please note that your requested sessions will be reviewed and offered to you subject to availability.*

|  |
| --- |
| Is there anything you would like us to know about your child (e.g. current interests/comforts/likes & dislikes): |
| Is there anything your child may need extra support with (non medical): |

|  |  |  |
| --- | --- | --- |
| First Language: | Other languages spoken: | Nationality: |

|  |
| --- |
| Are you/your child/family in contact with a Social Worker/Family Support Worker/Other?  |
| Did your child attend a setting previously?  | Are you on the waiting list for another setting? |

**Section 2 - Parent/Guardian**

|  |  |  |
| --- | --- | --- |
| 1st Parent/Guardian’s Name: | Place of work & position: | Tel Number(s) – Work & Mob: |
| Email address: |
| Does this parent have legal parental responsibility? | Yes | No |

|  |  |  |
| --- | --- | --- |
| 2nd Parent/Guardian’s Name: | Place of work & position: | Tel Number(s) – Work & Mob: |
| Email address: |
| Does this parent have legal parental responsibility? | Yes | No |

|  |  |
| --- | --- |
|  Names of others who have legal parental responsibility: | Names of who else lives in the household: |

**Authorised Persons to collect:** *\*(if ‘with notice’ is selected we will need to be notified in advance of any days that this person will collect your child. If we do not receive notice then we cannot release your child until we have confirmed with you. If you select ‘without notice’ then we can release your child to the named person at any time they arrive to collect. If you wish to make changes at any point, please get in touch.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Name | Relationship to child | Tel Number | With notice\* | Without Notice\* |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 3 – Emergencies**

|  |  |
| --- | --- |
| Emergency Contact Name: (other than parent): | Emergency contact Address & Tel number: |
| Emergency Contact Name (2):  | Emergency contact (2) Address & Tel Number: |

**Section 4 - Travel to / from Cookie Club** *(if applicable)*

|  |
| --- |
| When travelling to and from school, children may be escorted by a single member of staff who has been thoroughly vetted as stated in our Policies & Procedures. I/We hereby give permission for my child to be escorted to and from school by the Cookie Club.I give permission for my child to travel by car using appropriate seat belts/booster seats, in a car in which the driver is fully insured. |
| Signed:  | Date: |

**Section 5 – Medical Form**

|  |  |  |
| --- | --- | --- |
| Child’s name: | Gender: | Date of birth: |
| GP’s name, address & telephone number: |
| Do Does your child or the child in your care have any known medical problems or additional needs? *(Please list)* |
| Please detail any medical needs your child has/medication taken: *(please provide full details, if medication is needed an additional medication consent form will need to be completed)* |
| Does your child have any behavioural/learning needs? How is this managed? |
| Does your child have any known allergies/intolerances? *(an Allergy Management Plan will be put in place where required)* |
| Does your child have any dietary requirements? |
| Any other information relevant to your child’s health: |
| Parent/Carer emergency contact telephone numbers:  |
| In the event of an emergency I expect to be contacted immediately on the above telephone numbers. In the event that my child requires immediate medical treatment before I arrive I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf. |

|  |  |
| --- | --- |
| Signed:  | Date: |

**Section 6 – Parent/Carer’s Contract**

* I consent for my child to attend The Cookie Club. 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 The Cookie Club is a play setting and that whilst my child is there The Cookie Club is legally responsible for them.
* Once my child arrives at the club they will be in the care of The Cookie Club until collected 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 and understand that the places will be booked for my child until I give four weeks’ notice or the place is withdrawn by Cookie Club. This includes from one academic year to the next. I will pay as invoiced for all booked sessions whether my child attends or not (eg due to illness or holidays), unless I have made other arrangements with the manager.
* It is my responsibility to keep the club informed via email 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 The Cookie Club. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
* The Cookie Club closes at **6.15pm**. If for any reason I am going to be late, I will contact the club as soon as possible.
* If I do not collect my child within 15 minutes of their session end time, I will pay a charge of £15 per 15 minutes to cover 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 The Cookie Club will follow its **Uncollected Children** **Policy** and contact Social Care.
* Whilst The Cookie Club 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.
* I understand that the club follows their **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 the manager.
* If there are any accidents or incidents at The Cookie Club 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. If my child needs urgent medical treatment and I am unavailable, a member of staff from the club will sign any consent forms necessary for emergency treatment on my behalf, as stated on the club’s **Medical Form**.
* Information held by The Cookie Club 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 Cookie Club staff may liaise with schools and teachers regarding children’s development and other issues as part of their commitment to multi-agency working and providing the best possible care.

I confirm that the information given in this form is true to my knowledge. I have read and **understood** the above terms and conditions and I agree to abide by them.

|  |  |
| --- | --- |
| Parent/Carer’s name: | Child’s name: |
| Signed: | Date: |

**Section 7 – Privacy**

**Photo Permissions**

From time to time, we take photos of the children during play to record, share and display our activities. These may be used in displays within our settings, club newsletters, leaflets / flyers, our club facebook page and website. If you wish for your child not to be included in any photo sharing, please get in touch.

**Privacy Notice**

AtThe Cookie 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 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 telephone, email and post (where appropriate) 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
* in case of an emergency
* 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 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.

|  |  |
| --- | --- |
| Parent/Carer’s name: | Child’s name: |
| Signed: | Date: |

*\* 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.*