



ADMISSION FORM and PARENT/CARER'S CONTRACT

CONFIDENTIAL:

Child's Personal details:

| | |
|----------------------------------|--|
| Full Name of Child : | |
| Gender: | |
| Name of School attending: | |
| Class: Teacher: | |
| Date of Birth: | |

Parent/Family Details:

| <u>Parent/Carer's Details</u> | <u>Parent/Carer 1</u> WITH PARENTAL RESPONSIBILITY | <u>Parent/Carer 2</u> |
|--------------------------------------|---|------------------------------|
| Full names of Parents/Carer: | | |
| Relationship to child: | | |
| Home address: | | |
| Postcode: | | |
| Home telephone number: | | |
| Work telephone number: | | |
| Mobile: | | |

Other persons authorised to collect child or who can be contacted in an emergency.

| Other adults: | Contact 3 | Contact 4 |
|-------------------------------|------------------|------------------|
| Full Name: | | |
| Relationship to child: | | |
| Personal Password: | | |
| Home address: | | |
| Postcode: | | |
| Home telephone number: | | |
| Mobile: | | |
| Work telephone number: | | |

Child's Medical Information:

| | |
|---|--|
| Name of Doctor: | |
| Doctor's Surgery & Address | |
| Post code: | |
| Doctor's telephone number: | |
| Known medical conditions, allergies, special dietary and health needs: | |
| Any other relevant information we should be aware of? | |
| Vaccinations up to date: | |

TERMS AND CONDITIONS

Arrival and collection: I understand that my child will be collected from school during term time and escorted to the after school club; Junior children may make their own way to the club when school is finished with parental permission. I will notify the club BEFORE the start of session of any non-attendance in accordance with the club's arrival & collection policy. I understand that only those authorised to collect my child will be able to do so unless prior arrangement has been made with the staff at 'Skools Out'.

SHOULD A NAMED ADULT BE LATE FOR COLLECTION (AFTER 5.30PM), THEN I UNDERSTAND I WILL BE CHARGED AT A RATE OF £10.00 PER CHILD AFTER 5.30pm. This is to cover the cost for two members of staff that are required to be in charge of your child, unless it is an emergency situation where the Manager should be notified of this change as soon as possible.

Arrangements in the case of illness

I will not send my child to the Club if they are unwell and will inform the Club as soon as possible. In the case of potential Coronavirus symptoms for your child or family you must notify us immediately by email and phone and contact 111 healthline. Your child cannot attend until proven not the virus or until 14 days of isolation have been completed.

I will also notify the Club as soon as possible if my child develops or is exposed to an infectious illness, so that the appropriate steps can be taken to notify other Club users if necessary.

The Club will inform you, as soon as reasonably practicable, if they are aware that a child has been exposed to a communicable disease whilst at club.

Medicines will not routinely be administered. I will refer to the clubs medication policy if medication prescribed by the doctor is/becomes necessary and will complete all necessary documentation prior to medicines being given.

I agree to general cold and flu syrups such as Calpol/Nurofen to be administered by the staff in line with its policy and procedures for controlling temperature, providing prior parental permission form is in place.

Holidays during Term-Time

If I want to take my child/ren on holiday or do not require the service occasionally, I understand that full fees will still be payable in order to retain the childcare place.

Activities: Some of the routine activities of the club may involve off site visits eg: the park etc. For your child to take part in these activities you must give your permission on a separate form provided, headed, Outings.

Dietary Needs

I will provide the Club with full details of my child's specific dietary needs so my child can be appropriately catered for.

Behaviour

- The Club aims to offer a range of play activities in a safe, welcoming and enabling environment. I understand that any instances of unacceptable behaviour will be dealt with in accordance with the behaviour policy.
- Bullying, harassment, intimidation and any behaviour that is likely to lead to the health and safety of others being compromised will not be tolerated. (See anti-bullying policy).
- The Club will record details of more serious breaches and discuss them with me as relevant to my child.

Equal opportunities

The Club aims to provide equality of opportunity for all children whatever their age, ability, gender, race or background. (See Equal Opportunities policy) and seek to challenge and eliminate discrimination where it is identified.

SEND Code of Practice

We embrace the SEND code of practice and promote equal opportunities and good relations between people of diverse needs.

Complaints

The club welcomes suggestions and constructive criticism to help maintain a high quality of provision and will act on any complaints in accordance with the complaints procedures. (See complaints policy & procedures).

Photographs and publicity

I understand that my child may be included in photographs of activities within the Club and that they will be used for the purpose of evaluation, specific activities, or publicity. I consent to the Club taking photographs of my child which may be used only for the Club’s purposes.

Parent Signature:

Emergency Procedures

- The Club implements clear emergency procedures in case of fire or other significant incident
- The Club will practise these emergency procedures half termly or sooner if necessary ie: (new child or staff member).

Fees and payment

| FEES | |
|-------------------|-------------------------------|
| After School Club | £11 per session after school. |

- I agree to pay the above fees within 14 days of receiving the invoice.
- The Club will notify me of any changes in fees in writing at least one month before they are implemented.
- I have read and understood the above Terms and Conditions relating to both myself and the Club and agree to abide by them.
- I understand that non-payment of fees may incur interest or jeopardise my child's place at the Club and that ONE MONTH'S NOTICE IS REQUIRED FOR TERMINATION OF CONTRACT.

PLEASE COMPLETE THE TABLE BELOW WITH YOUR REQUIRED SESSIONS:
(These become your 'contracted hours')

| | Mon | Tues | Wed | Thurs | Fri |
|-------------------|-----|------|-----|-------|-----|
| After School Club | | | | | |

If you require occasional extra days we will always do our best to provide these but cannot guarantee. To arrange/alter days Email admin@skoolsout.net or call 07539 893804

Data Protection & Updates

I confirm that the information given above is correct, and I will contact the Manager/Admin Manager at 'Skools Out' as soon as any of the details change. As an essential element of our care for your child we hold all the above information on our secure files to be used as required by our staff. We do not pass on any of this information to persons other than those involved in the direct care of your child. In enrolling to Skools Out and signing below you agree to us storing this information in accordance with the Data Protection Bill 2018.

We also require your email address to be used for relaying information updates and invoicing purposes.

Email address.....

Contract Signatures

| | |
|---|-------|
| Full Name of Parent/Carer with parental responsibility: | |
| Signed: | Date: |
| Name of Club Manager: | |
| Signed | Date: |



Emergency Medical Treatment Form

Child's Name:

Date of Birth:

Doctor's Name:

Doctor's Address:

Doctors Telephone number:

Any other relevant medical information (ie Allergies, Family medical History, Specific needs):

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.....

Parents/Carer's Name:

Address:

.....

Emergency contact number:

Additional number:

- If my child requires urgent medical advice or treatment, the Club will notify me and/or other named contacts immediately and if necessary an ambulance will be called to take my child for treatment.
- If I have not arrived by the time the ambulance needs to leave, the child will be accompanied by a member of staff.
- **I consent to any urgent emergency medical advice or treatment necessary** during the running of the Club and I authorise the Club to sign any written form of consent required by the hospital authorities if the delay in getting any signature is considered by the doctor to endanger my child's health and safety. () YES () NO (please tick)

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

Signature or Parent/Carer: Date:

Revised Sept 2020