



Boughton-under-Blean and Dunkirk Primary School Breakfast and Late Care Clubs



Registration Form

Personal Information

This is the information you have to give us about your child in order to comply with the OFSTED standards for our registration as a childcare provider. It is in the interests of your child's safety that this information is recorded and it is therefore essential that we are informed of any changes temporary or permanent so that we can ensure our records remain up to date. This information is kept in a secure file at the club and is available for you to inspect under the terms of the Data Protection Act 1998.

Child's Name: _____ Date of Birth: _____

Known as (if different from above): _____

Name of Parents or Person with Legal Parental Responsibility (if appropriate):

Child's Home address and Postcode (or addresses if more than one):

Main residence:

Adult at this address: _____

Home Phone Number: _____

E-mail: _____

Second residence (if appropriate):

Adult at this address: _____

Home Phone Number: _____

E-mail: _____

Language spoken at home: _____

Emergency Contact Information

1. Name: _____ Mobile Phone Number: _____
Relationship to Child: _____ Work Phone Number: _____
2. Name: _____ Mobile Phone Number: _____
Relationship to Child: _____ Work Phone Number: _____
3. Name: _____ Mobile Phone Number: _____
Relationship to Child: _____ Work Phone Number: _____

Collection Information

My child may be collected by:

1. Name: _____ Telephone no. _____
Home address: _____
2. Name: _____ Telephone no. _____
Home address: _____
3. Name: _____ Telephone no. _____
Home address: _____

In the interest of your child's safety, we cannot allow him/her to leave with anyone other than those named on the list unless YOU have informed us of the change. A PASSWORD CAN BE PROVIDED IN AN EMERGENCY.

Password: _____ (VERY IMPORTANT)

Medical Information

Known medical needs (including allergies/intolerances etc) _____

(Please include details of hearing aids, spectacles etc (including prescribed times of use ie glasses for reading)

Vaccinations: _____

Doctor's Name: _____

Phone Number: _____

Health Visitors Name _____ (under 5's only) Phone Number: _____

Does your child receive any additional support from the Additional Education Needs Department? Yes/No?
If yes, please provide details in the space provided.
(It is important that we have access to this information so we can best meet the needs of your child whilst they are in our care).

First Aid Permission

In case of a minor incident resulting in bruises and grazes etc at Breakfast or Late Care, I give the qualified first aider on duty permission to administer first aid, in accordance with their training.

Signed: _____ Dated: _____

Urgent Treatment Permission

In case of a serious incident/medical condition arising at Breakfast or Late Care when I, the parent/guardian of _____ cannot be contacted, the supervisor or person in charge of my child has the authority to act for me and to give consent to the administration of anaesthetic or any other urgent treatment.

Signed: _____ Dated: _____

Photograph Permission

I give permission to Breakfast / Late Care to take photographs of my child for displays within the club. I also agree that these photos, if required, may be used in promoting the club and therefore maybe seen by members of the public (inc website).

Signed: _____ Dated: _____

Trips Permission

I give Breakfast / Late Care permission to take my child on trips around the local area eg park.

Signed: _____ Dated: _____

Membership Agreement

- I confirm that the information that has been provided is accurate and complete.
- I agree that it is my responsibility to inform the club of any changes to this information, especially any changes with regards to adults with permission to collect my child.
- I am aware that information regarding my child will remain confidential and will not be shared with anyone without my permission unless the circumstances fall within a child protection issue.
- I understand and agree to pay the fees in accordance with Boughton-under-Blean and Dunkirk School's payment terms and conditions.
- I understand that the School reserve the right at any time to withdraw the Breakfast and After School Club service to those who don't follow its values.
 - Friendship
 - Perseverance
 - Truth and honesty
 - Forgiveness
 - Trust
 - Respect and self-esteem
 - Compassion



Signed: _____ Dated: _____

_____ Dated: _____

This must be signed by a person/or persons with parental responsibility for the child.

Please use the following headings to tell us any additional information that you think will help us to meet your child's needs and help them settle well into the Breakfast / Late Care Club.

Food and Dietary requirements: _____

Cultural, Ethnic and Religious Beliefs: _____

Favourite Toys, Games and Activities _____

Personal Mannerisms and Habits: _____

Physical Difficulties: _____

Other Clubs attended outside of School: _____

Family and Friends who already attend the Club: _____

Anything else you want to tell us eg hobbies: _____

PLEASE TICK DAYS REQUIRED FOR BREAKFAST

BREAKFAST CLUB

MONDAY	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>

PLEASE TICK DAYS REQUIRED AS A TWI OR FULL

LATECARE CLUB

	TWI	FULL
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>

DAYS REQUIRED EITHER

TWILIGHT TILL 4.30PM

FULL TILL 6.00PM