



Coral Cove Out of School Club – Holidays Registration Registration Form

To guarantee a place for your child please complete this form and return it to us as soon as possible together with a £25 registration fee.

Record of Information

Child's Name: (as on Birth Certificate)	
Date of Birth:	
Current School:	
Religion <i>(if you prefer not to state please leave blank):</i>	
Ethnic Origin:	
Language Spoken:	
Child's Home Address: (inc Postcode)	
Home Telephone Number:	
Parent / Carer 1 Name:	
Does this person have Parental Responsibility?	YES NO
Does this person live at the above address:	YES NO
Place of Work:	
Mobile Telephone Number:	
Work Telephone Number:	
Email Address:	
Parent / Carer 2 Name: (If applicable)	
Does this person have Parental Responsibility?	YES NO
Does Parent/Carer 2 live at the above address?	YES NO
If NO, Please enter address here	
Place of Work:	
Mobile Telephone Number:	
Work Telephone Number:	

Emergency Contact (Full Name, relationship to child and contact number):			
Name of Person / People who <u>can</u> collect Child in addition to those above (including surnames and relationship to child)			
Password (all people collecting the child must be able to give this password when asked):			
Child's Doctor's Surgery;			
Doctor's Telephone Number:			
Immunisations/Vaccinations:			
Infectious Illnesses: Has your child had any of the following illnesses:-	YES	NO	UNSURE
Chicken Pox			
German Measles			
Measles			
Mumps			
Scarlet Fever			
Whooping Cough			
Any special Diet, Allergies, Health Problems:			

Signed: _____ **Date:** _____

Name (CAPITALS): _____

Relationship to child in after school and holiday club: _____

PERMISSIONS (Please initial each type of permission, you are happy to give)

CHILDS NAME

PARENTS NAME

DATE COMPLETED

Photographs

I give my permission for photographs taken of my child whilst at the club to be used for the following Displays on Site: INITIAL Prospectus: INITIAL Website: INITIAL

Local Press: INITIAL Coral Cove Facebook Page: INITIAL

Emergency Hospital Treatment INITIAL

In case of an accident where we are unable to contact yourselves, please give your permission for emergency hospital treatment:-

First Aid Treatment and Medications INITIAL

I give staff permission to administer first aid treatment and apply plasters if required. I understand that staff are first aid trained and first aid offered is as an act of goodwill. I am aware that any medications my child requires will need a separate consent form.

Information Sharing INITIAL

From time to time the club may need to share information about your child. Sometimes we will do this without your knowledge, where this meets the Wiltshire Local Safeguarding Children Board Guidelines. However where possible we will ask your permission first, but if you do decline your consent, we may be obliged to share this information any way. Please sign to confirm you are aware of the above statement.

Off Site Visits INITIAL

I understand that Coral Cove Out of School Club would like to take my child on off-site visits. I give my permission for off site trips to take place in accordance with activity plans provided prior to each school holiday, any changes will be notified by staff.

Transport Consent INITIAL

I understand that Coral Cove Out of School Club transport is used to transport children, to and from trips, and to and from school when attending before and after school club. All vehicles used are correctly insured and have the correct child safety seats installed.

Sun Protection INITIAL

I give my permission for club staff to apply sun cream to my child as and when they deem it necessary. I understand that I must provide sun cream for my own child, and a sun hat. I also understand that if I do not provide these items, it may not be possible for my child to play outside on some days.

Face Painting INITIAL

I understand that face painting is occasionally carried out as an activity. I give permission for my child to have their face or limbs painted. There is no known medical reason (such as allergy) why they cannot participate.

Trampoline INITIAL

I understand that my child will be allowed to use the trampoline as part of the activities when there is enough supervision by staff.

Signed: _____ Date: _____

Name (CAPITALS): _____

Relationship to child in after school and holiday club: _____



About Me

My Name Is:

My Birthday is;.....

I like to be called:

Things I like to play or do are:

.....
.....

I go toPrimary School

I am in the year at school, in class

Things I like doing out of school are:.....

.....
.....

Anything else we should know?

.....
.....

Whilst at Coral Cove Out of School Club I would like to try

.....
.....
.....



Coral Cove Out of School Club - Holidays Terms & Conditions

Please sign below and return.

On signing this Childcare Agreement I/we understand that Coral Cove Out of School Club:-

- Is open to children aged 4 years and above who have started school, up to the age of 11 years.
- Is open 7.30am to 6pm Monday to Friday for part time care. Late pickup will be charged for.
- Takes a registration fee. To secure a place is £25 and that the registration fee is non-refundable.
- Fees are payable in advance of your child attending holiday club, failure to pay the fees will result in your child being turned away.
- Once Holiday Club sessions have been booked they are chargeable. No refunds will be given except in extreme circumstances.
- Will need a password for any persons collecting my child/ren as stipulated by us as the parents/carers. If these designated persons arrive late to pick my child up, that I/we will be liable for a late pick up charge.
- Takes safeguarding our child very seriously and that I/we understand the need to ensure that all entry doors and gates are kept closed to the club and that I/we will not let anyone in to the club, and will ask them to ring the doorbell first.
- Operates an open access policy to information and that I/we are very welcome during normal open hours to view the policies and procedures under which the club runs.
- Staff occasionally may need to administer medication in line with the club policies and procedures.
- Staff cannot undertake the care of sick children, laid out in the Club Policies and Procedures, in particular when a child is infectious. I/we understand that if our child was to fall ill whilst in the care of the Club, we may be asked to remove him/her and he/she may not return until after the required exclusion period. Should we be called to say our child is sick, we will arrange to pick them up immediately. I/we understand, depending on the nature of the illness, that the sick child's siblings may need to be absent too to prevent the spread of infection to the other children within the setting and the staff. Non-attendance will still be charged for.
- I/we can request a signed copy of this agreement.
- No person shall be discriminated against on the grounds of sex, race, religion, disability, creed or colour.
- I/we understand that any additions and alterations to my specified child care arrangements must be made in writing.
- I/we agree to our family details being held by the Club. These details are held under very strict security and can only be accessed by Coral Cove's senior management team.
- We can request our details be removed at any time, however if we wish our child to return at a later date we will have to re-register them.
- Our registration details will be retained whilst our child is in the care of Coral Cove Out of School Club, once our child reaches secondary school age, hasn't attended for at least 2 years or upon our request these will be destroyed. Except where required as listed in our Data Protection Policy.
- Data Sharing – we do not share your data with any third party unless there is a legal reason to do so.
- If you wish to change the permissions you have given at any time you will need to do so in writing.

I have read and understood the above Terms & Conditions and agree to abide by them.

I will ensure that all adults who have my permission to collect my child are aware of the terms in this agreement.

Signed: _____ **Date:** _____

Name (CAPITALS): _____

Child's Name _____

Relationship to child: _____