Photo of the child

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name:** |  | **Male/Female:** |  |
| **School Attended:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **Address:** |  | **Post Code:** |  |
| **Name of Parent / Guardian:** |  | **Mr / Mrs / Miss / Ms:** |  |
| **Mobile No:** |  | **Work Tel No:** |  |
| **Email Address:** |  |
| **Ethnicity**  |  |  |  |

**Collection and Emergency Contact**

Please detail below any other person(s) authorised to collect your child from Club:

Please note that children MUST be collected by an adult. If your child is not collected and no contact has been made within 45 minutes, the police will be contacted by staff.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name: |  | Relationship to Child |  |
| Mobile number: |  |
| 2. Name: |  | Relationship to Child |  |
| Mobile number |  |

Beyond the Bell is in process of registering with the Care Inspectorate.

|  |  |  |
| --- | --- | --- |
| CONSENT REQUEST  | YES | NO |
| I consent to my child receive any emergency first aid if necessary  |  |  |
| I consent to my child photo/video to be taken  |  |  |
| I consent these photographs can be used to promote the programme (i.e. on social media, on leaflets etc.) |  |  |

There maybe circumstances when information may be shared without consent. This will only happen when it is a matter relating to the safeguarding of a child.

**MEDICAL/ALLERGY INFORMATION & ADDITIONAL SUPPORT NEEDS**

Please ensure that you give as much detail possible and make the team aware if your child has any medical condition or additional support needs

|  |  |
| --- | --- |
| Doctor’s Name: |  |
| GP’s Details: |  | Tel no: |  |
| **If yes, please give specific detailed information**  |
| Additional support needs | Yes / No  |  |
| Any Allergies | Yes / No  |  |
| Dietary requirements | Yes / No  |  |
| Medical condition  | Yes / No  | Summary: |  |
| Signs and symptoms: |  |
| What to do in the event of emergency: |  |
| Will your Child need help to administer their medication? | Yes / No | What medication: |  |
| Does your child or family have a social worker  | Yes / No  | Name: |  |
| E-mail: |  |
| Contact No: |  |
| Any other relevant information | Yes / No  |  |

**DATA PROTECTION**

In signing this form, I consent to the Beyond the Bell Out of School Club holding the information contained regarding my child and myself both in hard copy and on their system. Information will only be shared with regulatory bodies or in medical emergencies.

**BOOKINGS REQUEST**

V - Tick the sessions that you want to book

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday  | Thursday | Friday |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| £10 | £13.5 | £10 | £13.5 | £10 | £13.5 | £10 | £13.5 | £10 | £13.5 |
|  |  |  |  |  |  |  |  |  |  |

**TERMS AND CONDITIONS**

* It is the parent’s responsibility to update any changes to this form
* Members will be required to pay an annual £15 registration fee on acceptance of a place.
* Bookings are NON-REFUNDABLE
* Written notice has to be given 4 weeks before the end of the term to terminate contract
* Pick up times must be adhered to and a one-time late approach will be given. Further lateness would result in a late fee of £20 to cover staff costs.
* Fee’s will be broken into Morning and Afternoon sessions and not an hourly rate.
* Fees are due upfront by the 1st of the month unless the 1st lands on a public holiday or at the weekend (fees would be due on the Friday instead, will be shown on invoice the due date.
* By signing this form, I agree to all the terms and conditions

**I confirm that I am the parents/guardian with rights and responsibilities for the above-named child.**

Parents Signature: Date:

Manager Signature Date: