

Morris Green Out of School Club



CHILD INFORMATION

FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

CHILD'S DATE OF BIRTH: _____

ETHNIC ORIGIN: _____

RELIGION: _____

CHOSEN PASSWORD FOR CHILD: _____

PARENT/GUARDIAN DETAILS (1)

FORENAME (MR/MRS/MISS/MS) _____

SURNAME _____

ADDRESS _____

POSTCODE _____

HOME TELEPHONE NUMBER _____

WORK TELEPHONE NUMBER _____

MOBILE TELEPHONE NUMBER _____

HOME E-MAIL ADDRESS _____

OCCUPATION _____

WORK ADDRESS _____

WORK E-MAIL ADDRESS _____

PARENT/GUARDIAN DETAILS (2)

FORENAME (MR/MRS/MISS/MS) _____

SURNAME _____

ADDRESS _____

POSTCODE _____

HOME TELEPHONE NUMBER _____

WORK TELEPHONE NUMBER _____

MOBILE TELEPHONE NUMBER _____

HOME E-MAIL ADDRESS _____

OCCUPATION _____

WORK ADDRESS _____

WORK E-MAIL ADDRESS _____

PLEASE STATE WHICH PARENT(S)/CARER(S) THE CHILD LIVES WITH: _____

PLEASE STATE WHO HAS LEGAL CONTACT WITH THE CHILD: _____

PLEASE STATE WHO HAS PARENTAL RESPONSIBILITY OF THE CHILD: _____

MAIN PERSON DROPPING OFF/PICKING UP CHILD: _____

AUTHORISED PEOPLE TO COLLECT ASWELL AS PARENTS/CARERS:

NAME:
RELATIONSHIP TO CHILD:

NAME:
RELATIONSHIP TO CHILD:

PLEASE STATE BELOW INFORMATION ON ANY PERSONS (OVER 16YRS) WHO IS AUTHORISED TO COLLECT YOUR CHILD:

1) NAME: _____

2) NAME: _____

ADDRESS: _____

ADDRESS: _____

HOME NUMBER _____

HOME NUMBER _____

MOBILE NUMBER _____

MOBILE NUMBER _____

PLEASE STATE ANY **UNAUTHORISED** PEOPLE (IF THIS IS A BIOLOGICAL PARENT PLEASE PROVIDE LEGAL DOCUMENTATION)

NAME: _____

RELATIONSHIP TO CHILD: _____

EMERGENCY CONTACTS (PLEASE STATE IN THE ORDER YOU WOULD WISH US TO CONTACT):

1) NAME: _____

2) NAME: _____

ADDRESS: _____

ADDRESS: _____

HOME NUMBER _____

HOME NUMBER _____

MOBILE NUMBER _____

MOBILE NUMBER _____

IN ORDER FOR US TO CREATE LINKS IN HELPING YOUR CHILD TO LEARN AND PROGRESS PLEASE STATE OTHER PROVIDER NAMES WHERE YOUR CHILD ATTENDS: -

DIETARY INFORMATION:

PLEASE INFORM US OF ANY FOOD ALLERGIES YOUR CHILD HAS:

HEALTH/MEDICAL INFORMATION:

PLEASE INFORM US OF ANY HEALTH REQUIREMENTS OR MEDICAL CONDITIONS:

IF APPLICABLE PLEASE STATE WHAT MEDICATION/SPECIAL REQUIREMENTS YOUR CHILD RECEIVES FOR THIS CONDITION (PLEASE INCLUDE DOSAGES):

PLEASE SIGN BELOW TO GIVE THE OUT OF SCHOOL CLUB PERMISSION TO SEEK ANY EMERGENCY MEDICAL ADVICE OR TREATMENT THAT MAY BE NEEDED IN THE UNLIKELY EVENT OF US BEING UNABLE TO CONTACT PARENTS/CARERS:

SIGNED: _____

DATED: _____

OUTINGS/TRIPS:

FOR ANY LOCAL WALKS, VISITS ETC OFF THE PREMISES, PERMISSION WILL BE SOUGHT FOR YOUR CHILD TO BE INCLUDED. THE STAFF WILL REQUIRE YOU TO COMPLETE AN INDIVIDUAL WRITTEN CONSENT SLIP.

PHOTOGRAPHS OR DVDS FOR PRESS/PROMOTIONAL USE:

PLEASE STATE BELOW IF YOU ARE HAPPY FOR YOUR CHILD TO HAVE PHOTOGRAPHS TAKEN/DVDS:

I AGREE TO MY CHILD HAVING PHOTOS AND DVDS I DO NOT AGREE TO MY CHILD HAVING PHOTOS AND DVDS

ARE YOU HAPPY FOR THESE TO BE USED FOR PROMOTIONAL USE ONLY? YES NO

WE ARE COMMITTED TO SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS AND EXPECT ALL STAFF AND VOLUNTEERS TO SHARE THIS COMMITMENT. WE ALWAYS INSIST ON ENHANCED CRB CLEARANCES FOR ALL OUR STAFF.

SESSION INFORMATION

PLEASE TICK IN THE BOXES BELOW IF YOUR CHILD ATTENDS THE CLUB ON THE SPECIFIED DAY:

BREAKFAST CLUB

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7.30-9.00am <input type="checkbox"/>	7.30-9.00am <input type="checkbox"/>	7.30-9.00am <input type="checkbox"/>	7.30-9.00am <input type="checkbox"/>	7.30-9.00am <input type="checkbox"/>
8.00-9.00am <input type="checkbox"/>	8.00-9.00am <input type="checkbox"/>	8.00-9.00am <input type="checkbox"/>	8.00-9.00am <input type="checkbox"/>	8.00-9.00am <input type="checkbox"/>
8.30-9.00am <input type="checkbox"/> Nursery Children only	8.30-9.00am <input type="checkbox"/> Nursery Children only	8.30-9.00am <input type="checkbox"/> Nursery Children only	8.30-9.00am <input type="checkbox"/> Nursery Children only	8.30-9.00am <input type="checkbox"/> Nursery Children only

AFTER SCHOOL CLUB

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3.15-4.15pm <input type="checkbox"/>	3.15-4.15pm <input type="checkbox"/>	3.15-4.15pm <input type="checkbox"/>	3.15-4.15pm <input type="checkbox"/>	3.15-4.15pm <input type="checkbox"/>
3.15-5.15pm <input type="checkbox"/>	3.15-5.15pm <input type="checkbox"/>	3.15-5.15pm <input type="checkbox"/>	3.15-5.15pm <input type="checkbox"/>	3.15-5.15pm <input type="checkbox"/>
3.15-6.00pm <input type="checkbox"/>	3.15-6.00pm <input type="checkbox"/>	3.15-6.00pm <input type="checkbox"/>	3.15-6.00pm <input type="checkbox"/>	3.15-6.00pm <input type="checkbox"/>
3.15-3.45pm <input type="checkbox"/> Nursery Children only	3.15-3.45pm <input type="checkbox"/> Nursery Children only	3.15-3.45pm <input type="checkbox"/> Nursery Children only	3.15-3.45pm <input type="checkbox"/> Nursery Children only	3.15-3.45pm <input type="checkbox"/> Nursery Children only

SAFEGUARDING OF THE CHILDREN IN OUR CARE:

PLEASE BE AWARE THAT THE OUT OF SCHOOL CLUB HAS AN OBLIGATION TO REPORT ANY INSTANCES WHERE WE CONSIDER THAT A CHILD MAY BE IN DIRECT HARM. WE MAY NEED TO DO THIS WITHOUT YOUR CONSENT OR KNOWLEDGE.

NUT-FREE ENVIRONMENT:

THERE HAVE BEEN MORE AND MORE CASES OF PEOPLE SUFFERING ALLERGIC REACTIONS TO NUTS THEREFORE IT IS WITH THIS IN MIND THAT WE ASK ALL PARENTS/CARERS TO SUPPORT US IN MAINTAINING WHERE POSSIBLE A NUT FREE ENVIRONMENT AND NOT BRING IN ANY FOOD, EMPTY PACKAGING OR CREAMS THAT CONTAIN NUTS OR NUT OIL.

PLEASE SIGN BELOW TO STATE YOU UNDERSTAND THE ABOVE:

SIGNED _____

DATED: _____

DATE FORM WAS COMPLETED FOR OUR RECORDS: _____

