

Springfields Care Club Registration Form

| Surname: | | Forename: | | Middle name: | | | |
|--|---|-----------------------|---------------------------------|-------------------|--------------|--|--|
| Gender: | | Date of birth: | | Class year: | | | |
| Home address: | | | Tel. No: | | | | |
| | | | Email address: | | | | |
| Mother's name: | | | Parental responsil | oility: YES / NO | | | |
| Address if differer | nt to child's: | | Daytime tel. no: | | | | |
| | | | Mobile phone no: | | | | |
| | | | E-mail address: | | | | |
| Details of any Court Orders: | | | | | | | |
| Father's name: | | | Parental responsibility: YES NO | | | | |
| Address if differen | nt to child's: | | Daytime tel. no: | | | | |
| | | | Mobile phone no: | | | | |
| | | | E-mail address: | | | | |
| Details of any Cou | art Orders: | | 4 | | W | | |
| | | contacted in an eme | roonay (in artar of | nmianity) | | | |
| Name/relation | | Address | | Contact numbers | | | |
| 1. | Iship | Address | | Contact humbers | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| | ons who have your | permission to collec | ct your child from (| Jare Club: | | | |
| Name/relation | | Address | | Contact numbers | | | |
| 1. | 1 | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Ethnicity: please t | ick the box to indi | ate your child's eth | nic background: | | | | |
| | | | | ma. [] Other Whit | e background | | |
| WHITE: [] British, [] Irish [] Traveller of Irish Heritage, [] Gypsy/Roma, [] Other White background MIXED: [] White and Black Caribbean, [] White and Black African, [] White and Asian, [] Other Mixed | | | | | | | |
| background | | | | | | | |
| | | Caribbean, [] Africa | | | | | |
| ASIAN or ASIAN BRITISH: [] Indian, [] Pakistani, [] Bangladeshi, [] Other Asian Background | | | | | | | |
| [] Chinese, [] Any other ethnic background, [] I do not wish an ethnic background category to be recorded | | | | | | | |
| Home language: Religion: | | | | | | | |
| Medical informati | on: | | | | | | |
| Medical practice (| inc. address): | GP Name: | | Tel. no: | | | |
| | | | | | | | |
| | Please provide details of any medical conditions, allergies or food preferences: | | | | | | |
| Allergies: | | Medical conditions | : | Food preferences: | | | |
| | | | | | | | |
| | | | | | | | |
| Laiva parmission : | for the staff at Sam | ngfields Care Club t | a give emergener | first aid to my | YES / NO | | |
| v | * | U C | · · · | - | 1123/110 | | |
| | child and the seeking of any emergency medical advice or treatment now and at any time in the future. | | | | | | |
| | | | | | | | |

The GDPR 2018: The school has an obligation to comply with the General Data Protection Regulation and other applicable data protection law. The school maintains a data protection registration with the Information Commissioner's Office, the independent authority which oversees compliance with the Data Protection Laws. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Education Authority – and with DE and other Departments for statistics and research purposes.



Child's name

Parent or carer's name _

- I consent for my child to attend Springfields Care Club. I understand that the club has policies and procedures (which are available for reference at the club), and that there are expectations and obligations relating both to the club and to myself and my child, and I agree to abide by them.
- I understand that Springfields Care Club is a play setting and that whilst my child is there, Springfields Care Club is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- Once my child arrives at Springfields Care Club he/she will be in the care of Springfields Care Club until collected and signed out by an authorised person.
- I will notify the club before the start of the session if I am collecting my child from school on a day that he/she is booked to attend the club. I understand that I will be charged for the booked session.
- Advance booking is required for all sessions. I will book my child into the club on an ongoing basis and will pay promptly for all booked sessions whether my child attends or not (eg due to illness or holidays). I will fill in in the relevant booking form.
- If I require an emergency booking on the day when my child is not booked in for a session, I will telephone the school office on 01785 337310 so they can check the availability with the Springfields Care Club.
- I will give the required one month's notice for permanent cancellation of a permanent session. If my child will not be attending a session for any reason, I will inform the school as soon as possible.
- I will be provided with a login access to the online banking system ParentPay and I will view and settle any outstanding fees within 2 weeks of sessions taken. I agree to a late payment charge of £25 applied if I don't settle outstanding arrears within the agreed 2 weeks period. After this stage, I understand, the place in the Springfields Care Club will not be available for my child until the debt is repaid and any unpaid debts will be passed to the Governors to discuss the situation with them. Please note if Springfields First School discontinues its services due to non-payment, we are not obliged to keep the place available and it can be offered to another child if necessary. As a final course of action, the debt recovery will be passed to the local authority.
- If the Springfields Care Club informs me that a place is no longer available for my child due to outstanding arrears and I do not collect my child from school at 3.15pm, I understand that Springfields First School / Springfields Care Club will follow its **Uncollected Children Policy** and contact Social Care.
- It is my responsibility to keep the club manager informed of any alterations to the information regarding my child (eg contact details, medical conditions, etc).
- I accept that my child may take part in messy activities while at Springfields Care Club. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
- Springfields Care Club closes at 6.00pm. If, due to unforeseen circumstances, I am going to be late, I will contact the manager/deputy as soon as possible and will arrange for someone else to collect my child before the club closing time.
- If I do not collect my child by 6.00pm I will pay a charge of £15 per quarter of an hour to cover the costs of the staff who are legally required to supervise my child.
- If I do not collect my child by 6.30pm, and the club has been unable to reach me or any of my emergency contacts, I understand that Springfields Care Club will follow its **Uncollected Children Policy** and contact Social Care.
- Whilst Springfields Care Club tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child's property whilst at the Club.
- I have read the Springfields First School / Springfields Care Club's **Behaviour Management Policy** and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the club, and I will pay for any missed sessions.

- If there are any accidents or incidents at Springfields Care Club involving my child, I will be informed.
- If my child has an accident at the club, he/she will be treated by a qualified first aider and I will be informed as soon as possible. If my child needs urgent medical treatment and I am unavailable, a member of staff from Springfields Care Club will sign any consent forms necessary for treatment on my behalf, as stated on the club's **Medical Form**.
- Information held by Springfields Care Club regarding my child will be treated as confidential. However, in certain circumstances, for example if there are child protection concerns, I understand that the club has a legal duty to pass certain information on to other agencies, including Police, Social Care and health care professionals.
- I understand that aggressive and abusive behaviour towards staff will not be tolerated.
- I agree that I will not use a camera, mobile phone or other mobile device on school/club premises.

I have read and **understood** the above terms and conditions and I agree to abide by them.

| Name: | | _ |
|------------|--|---|
| Signature: | | |
| Date: | | |
| | | _ |
| | Springfields Care Club Booking Form | |
| | Booking Form | |

Child's name:

Requested start date: Morning sessions are: 7.30am-8.45am & 8.00am-8.45am Afternoon sessions start at 3.15pm and run until 4.15pm, 5.30pm or 6.00pm ADHOC sessions will be charged an extra £2.50 per session per child.

(Please tick the sessions that you require below)

| | 7.30am 8.45am £5.80 (incl.breakfast) | 8.00am- 8.45am £3.30 (arrival before 8.15am incl.breakfast) | 3.15pm- 4.15pm £3.60 (incl.biscuit & drink) | 3.15pm- 5.30pm £7.35 (incl.biscuit, drink & light tea/snack) | 3.15pm- 6.00pm £10.35 (incl.biscuit, drink & light tea/snack) |
|-----------|---|--|---|---|--|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.

| Signed: | Date: |
|----------------|-------|
| (parent/carer) | |