

# Saplings Breakfast and After School Club Registration Form



Child's Details			
	First Name	Middle Name(s)	Last Name
Legal Name:			
Likes to be called:			
Gender:	Male / Female	Date of Birth:	___ / ___ / ____

Parent/Carer Details		
Please note the details provided for Parent/Carer 1 will be used as the billing address		
	Parent/Carer 1	Parent/Carer 2
Surname:		
Forename:		
Date of Birth:		
Relationship to child:		
Occupation:		
Parental Responsibility:	Yes / No	Yes / No
Daytime Phone Number:		
Mobile Number:		
E-mail Address:		
Address:		
	Postcode:	Postcode:
Child's Home address?	Yes/No	Yes/No
Please specify a password to be used if you authorise someone who is not known to us to collect your child.		Collection Password

Other Person(s) with Legal Contact:			
<i>To be completed where those persons with parental responsibility are separated and an S8 Order is in place).</i>			
Full Name:		Relationship to child:	
Address:			Postcode:

### Other Emergency Contact Details:

*Please provide details for any other person(s) you authorise to collect your child (must be aged 16 or over).  
If we cannot reach you in an emergency, we will contact people you name here.*

	Emergency Contact 1	Emergency Contact 2
Surname		
Forename		
Relationship to child		
Daytime Phone Number		
Mobile Number		
Daytime Location (must be local)		

### About your Child

Does your child suffer from any known <b>medical conditions or allergies</b> , or have any special dietary needs or preferences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any <b>special needs or disabilities (SEN)</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a Statement of SEN in place for your child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, please provide details of your child's condition and what special support your child may need at Saplings:		
How would you describe your child's <b>ethnicity or cultural background</b> ?		
What is the main <b>religion</b> in your family (if applicable)?		
What <b>language(s)</b> is/are spoken at home?		
What is your <b>child's first language</b> ?		
<i>If English is not your child's first language, or is not the main language spoken at home, please discuss with us how we can best support your child.</i>		

### Details of professionals involved with your child

<b>Doctor</b>		Address:	
Name:			
Telephone:			
<b>Health visitor (if applicable)</b>		Address:	
Name:			
Telephone:			
<b>Social Care Worker (if applicable)</b>		Address:	
Name:			
Telephone:			

*Please discuss with us the reason for the involvement of the social care department with your family. This information will be treated as confidential within the guidelines outlined in our Information Sharing policy.*

#### Any other professional(s) having regular contact with the child:

Name:		Name:	
Agency:		Agency:	
Role:		Role:	
Telephone:		Telephone:	

## Permissions

Please complete the following for our records. This information will be kept for the duration of your child's attendance at Saplings. Any changes should be notified to us as soon as possible.

**Please note: We frequently visit the park as part of our regular activities. Permission for such visits is implicit in your registration with us.**

Item requiring permission:	Permission given?	
I authorise Saplings Staff to administer First Aid to my child as needed	YES	NO
In an emergency I authorise a doctor to be called or my child taken to a hospital	YES	NO
Messages regarding my child may be passed on to the person collecting	YES	NO
Tasting a variety of foods as part of an activity or for snacks	YES	NO

N.B. My child is unable to eat these foods:

Use of images:	Permission given?	
Photographs for inclusion in your child's personal folder (EYFS only)	YES	NO
Un-named photographs for display within the setting	YES	NO
Un-named photographs taken by students for educational purposes	YES	NO
Un-named photographs in local Newspapers	YES	NO
Un-named images on Saplings or Ipplepen Primary School Website	YES	NO
Un-named images in promotion or advertising for the setting	YES	NO

## Saplings B&ASC Registration Pack Documents

Our registration pack contains the following documents alongside this form:

- **Session Request Form (Overleaf)** Please indicate your preferred sessions and start date. We will contact you to confirm availability.
- **Prospectus** Our prospectus contains details about our setting and what you and your child can expect during your time with us. It also contains a few of our key policies:
  - Safeguarding Children and Child Protection Policy Statement
  - Fees and Payments policy,
  - Information Sharing policy,
  - List of other Policies and Procedures (copies available on request).

## Signatures

Please sign below to confirm that:

- The information given on this form is accurate and correct and that you will notify us of any changes as they arise.
- You have received the documents listed above
- You understand that there may be circumstances in which information is shared with other professionals or agencies without your consent. (see Information Sharing Policy)

Parent/Carer 1 - Signed:			
Print Name:		Date:	
Parent/Carer 2 - Signed:			
Print Name:		Date:	

Please complete the Session Request form overleaf.

## Saplings B&ASC Session Request Form



Name of Child:

We are a busy setting, but we try to be as flexible as possible to accommodate your needs. Please complete this form with your preferences and we will contact you to discuss availability.

### a) When are you hoping that your child will join us?

Please indicate your preferred start date:

Month:

Year:

### b) Please tick the sessions you would prefer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
After School Club					

### c) Please tick to show you have read and understood the following:

- I have read and understood the Saplings Fees and Payments Policy (see Prospectus).
- I understand that sessions are a regular commitment and that all absences must be notified to Saplings as soon as possible.
- I agree to pay fees for all sessions booked and understand that **refunds are only given for cancellations with a minimum of 24 hours notice (Friday for a Monday booking)**.
- I understand that non-funded Breakfast Club and After School Clubs are charged at a sessional rate
- I understand that wherever possible, requests for changes to sessions will be accommodated. All changes are subject to session availability.
- I understand that I can book **ad hoc Breakfast and After School Club** sessions subject to availability. Saplings will try to accommodate such requests but, there is no guarantee that additional sessions will be available.
- I understand that this booking form will form an official contract once the sessions have been confirmed.**

Parent/Carer - Signed:

Print Name:

Date: