**Breakfast Club Registration Form**

**Child’s Details**

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| **First names of child (as on birth certificate):**Preferred Name: | **Surname of child (as on birth certificate):** |
| **Ethnicity or cultural background:** | **Date of Birth:** **Sex M / F** |
| **Main religion in the family:** | **Language spoken at home:** |

**Parent’s Details**

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| --- | --- |
| **Name of parent/carer (1) whom the child lives with:** | **Name of parent/carer (2) whom the child lives with:** |
| **Parents(1) address:** | **Parent (2) address:**  |
| **Telephone Number:** | **Telephone Number:**  |
| **Email address:** | **Email address:** |
| **State email address to send the monthly invoice:**  |
| **Does this parent have parental responsibility?** **YES/NO** | **Does this parent have parental responsibility?** **YES/NO** |
| **Name of parent / carer with whom the child does not live with:****Does this parent have parental responsibility YES/NO** |
| **Name of parent / carer with whom the child does not live with:****Does this parent have parental responsibility YES/NO** |
| **Address:** |
| **Telephone: Email:**  |
| **Does this parent have legal access to the child: YES/NO** |
| **Does your family have a social care worker for any reasons? YES/NO****Reason for involvement?** |
| **Name of Social worker: Telephone: Based at:** |

**Emergency contacts and authorised adults to collect the child.**

**Must be aged 16 or over, proof may be required**

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| **Name** | **Contact numbers**  |
| **First contact in an emergency parent 1:** | **1:****Work:** |
| **Second contact parent**  | **1:****Work:** |
| **Authorised to collect Name:****Relationship to child:**  | **1:****2:** |
| **Authorised to collect Name:****Relationship to child:** | **1:****2:**  |

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| --- |
| **Password for collection:** |
| **Where did you hear about this Breakfast Club?** |

**Medical history**

|  |  |
| --- | --- |
| **Doctors Name and Address of surgery:** | **Telephone number:** |

|  |  |  |
| --- | --- | --- |
| **Do you give permission for minor first aid to be carried out and/emergency treatment to be sought if necessary?** | **YES** | **NO** |
| **Has your child been fully inoculated against DIPTHERIA, TETANUS please, POLIO, WHOOPING COUGH, MEASLES, RUBELLA and HIB.** | **YES** | **NO** |

|  |  |
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| **Please state any known special dietary requirements/food allergies:** | **Does your child suffer any of the following conditions (please tick):****Asthma Allergies****Hay fever Fits****Febrile convulsions Eczema** |
| **Does your child have any known allergies?****Medication taken (please state):** | **Does your child have any known medical conditions?****Medication taken (please state):** |
| **Signs or symptoms:** | **Signs or symptoms:**  |
| **Course of action in an emergency** | **Course of action in an emergency**  |
| **Does your child have any known special needs?** | **Please state any other important information:** |
| **Does your child need an Individual healthcare plan for an ongoing medical condition? YES NO** **If yes please give details?**  |
| **Sessions** | Mon | Tues | Wed | Thurs | Fri |
| **Session 7.40-8.30am** |  |  |  |  |  |
| **Start Date:** |

**DECLARATION BY PARENT OR GUARDIAN**

 **Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **My child must NOT be sent to River Meadow with any infectious diseases or within 48 hours of the last episode of vomiting, diarrhoea or fever.**
2. **River Meadow Pre-school will not be liable for any loss or damage to my child’s property or clothing.**
3. **I accept liability for paying my child’s fees in advance at the beginning of the week. Failure to do so may jeopardise my child’s place.**
4. **I understand that NO refunds can be issued due to missed sessions, illness, adverse weather conditions or any unforeseen circumstances.**
5. **I understand I have to give one weeks notice for a need to swap or cancel a session, a credit note will be issued if payment has already been made.**
6. **I accept liability for Breakfast Club fees and will notify the manager, in writing, give 1 months’ notice, if I wish to withdraw my child.**
7. **I give permission for River Meadow Pre-school to administer emergency first aid and I understand that if required, my child will be taken by ambulance along with a member of staff to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary, on the understanding that I will be contacted as soon as is practicable.**
8. **I agree to comply with the Pre-school policies and procedures and understand these will be updated yearly and I will accept any changes made.**
9. **I give River Meadow Pre-school permission to store our personal information in accordance to the General Data Protection Regulation 2018.**
10. **I give permission for River Meadow Pre-school staff to administer one dose of Antihistamine, in the case of an allergic reaction. YES / NO**
11. **I give permission for River Meadow Pre-school to take photographs to be used on display within the setting. YES / NO**
12. **I give permission for River Meadow Pre-school to use photographs for promotional purposes; I will be able to view them before they are used. YES / NO**
13. **Notice of one week is required by either side in writing should the place be withdrawn.**
14. **If my child is absent from Breakfast Club and booked to attend, you are required to pay the full amount. This applies for illness, school trips, Festival days and family holiday’s.**
15. **Fees are still due if you are booked and River Meadow Pre-schhol must close temporarily through no fault of its own, eg: Closure of Tickford Park Primary school, weather/ failure of utilities etc.**
16. **I undertake to escort my child to the premises at the start of the day for breakfast club.**
17. **I understand and abide within the guidelines set out in the behavioural policy.**

**I understand that river meadow Breakfast Club reserves the right to withdraw my child’s place after full consultation with me if concerns about payment of fees or my child’s behaviour cannot be resolved satisfactorily.**

**I have read and understood and accept all of the above statements and declaration**

**Parent / Carer Signed: …………………………………………………………………………………………………**

**Parent / Carer Print name: ……………………………………………………………………………………………**

**Date: …………………………………………………………………………………………………….**

**PLEASE COMPLETE THE BELOW PERMISSION SLIP IF YOU ARE HAPPY FOR THIS TO BEGIN ONCE YOUR CHILD MOVES TO UPPER SCHOOL**

**Childs Name:**

***River Meadow Walk school permission form Upper School only***

**I hereby give River Meadow Breakfast Club permission for ………………………………………………………………**

**To leave River Meadow Breakfast Club at 8.35am on each school day morning that they attend the club and make their own way across to upper school.**

**After this time, they will not be the responsibility of River Meadow Pre-school and out of hours Breakfast Club.**

**Parent / Carer Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Carer Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_**