



# THE POD – Registration Form

## Details – Parents / Guardians (Please print)

First Parent Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Tel (mobile): \_\_\_\_\_ Tel (work): \_\_\_\_\_ E-mail (work): \_\_\_\_\_

Second Parent Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Tel (mobile): \_\_\_\_\_ Tel (work): \_\_\_\_\_ E-mail (work): \_\_\_\_\_

## Home Details

Postal address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (home): \_\_\_\_\_ E-mail (home): \_\_\_\_\_

Preferred e-mail address to use: \_\_\_\_\_

**An e-mail address would be very helpful as will provide you with further information and we will try to use e-mail for correspondence to keep costs down and be more environmentally friendly.**

## Emergency Contact (if a parent is not available)

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship (e.g. friend): \_\_\_\_\_

Password to use: \_\_\_\_\_



### Medical details and consents

<b>Child's name:</b>	<b>Date of birth:</b>
<b>Doctor:</b>	
<b>Doctor's address:</b>	
<b>Doctor's telephone:</b>	
Does your child or the child in your care have any known medical problems or additional needs? (Please list)	
Please detail any medical needs your child has and any medication taken. Please provide full details and note that if medication is needed an additional medication consent form will need to be completed.	
Does your child have any known allergies or major dislikes (foods or materials)? An Allergy Management Plan will be put in place where required.	
Does your child have any special dietary requirements?	
Other information about your child that you think it would be helpful for us to know:	

**Consents (please indicate your agreement)**

Permission to administer medication (provided by you) YES / NO

Permission to seek medical assistance (in an emergency) YES / NO

Permission to allow your child to go on local outings with YES / NO

After School Club staff (local walks)

Permission to allow photographs of your child to be taken YES / NO

Permission to apply sunscreen to your child YES / NO

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**The Pod - Before / After School Club**

**Parent/Guardian Contract**

Child/Children's Name(s).....

Parent/Guardian's name.....

- I consent for my child to attend Out of School Club. I understand that the club has policies and procedures and that there are expectations and obligations relating to both the club and myself and my child and I agree to abide by them.
- I understand that the After School Club is a play / care facility and that whilst my child is there, After School Club is legally responsible for him/her until collected and signed out by a 'Named' responsible adult.
- My child/children will be provided with breakfast / a snack and drink whilst at the club, unless otherwise requested.
- I will inform the Club Manager if I am collecting my child from school on a day that he/she is booked into the club.
- I will book my child/children into the club on a weekly basis and will pay promptly. I understand that I will be reimbursed for sessions that my child/children do not attend.
- It is my responsibility to keep the Club Manager informed of any alterations to the information regarding my child.
- I accept that whilst at After School Club, my child/children may get involved in messy activities and will provide my child/children with appropriate clothing to accommodate this.
- I understand that After School Club closes promptly at 6.00pm.
- I accept that my child/children's place may be withdrawn if I continually exceed the designated pick-up time.
- If any child remains at school after 6pm, after the Club Manager has done everything possible to contact parents and emergency contacts, then the After School Club will be legally required to contact Social Services.
- Whilst we try to ensure the safety and security of items, we cannot be held responsible for anything lost or stolen.
- I have read the behaviour 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 not be reimbursed for missed sessions.
- Should there be any incidents at After School Club involving my child, I will be informed of the situation.
- If my child has an accident, then he/she will be treated by a qualified first aider and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment and I am unavailable, a member of staff from After School Club may sign any consent forms necessary for treatment on my behalf.
- Any information and details regarding my child/children will be treated as confidential. However, there may be times, for example in cases of child protection concerns, when details may be passed on to other agencies.

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

Signature

(Parent/Carer).....Date.....