



Annual Registration Form

For Admin use only:

Added to System by:

Date:

Checked:

September _____ to August _____

Please complete digitally or in BLOCK CAPITALS

Child's Details

First Name:		Middle Name:		Last Name:	
Name to be used at Club:				Gender:	
Date of Birth:		Religion:		Ethnicity:	
First Language:				Collection Password:	

School Attending:		School Year Group:	
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Parents'/Carers' Details: Bill Payers email is mandatory for invoicing

Title:		Title:	
Full Name:		Full Name:	
Relationship to Child:		Relationship to Child:	
Parental responsibility: Yes ☐ No ☐		Parental responsibility: Yes ☐ No ☐	
Full Home Address:			
Email Address:		Email Address:	
Home landline number:		Home landline number:	
Personal Mobile:		Personal Mobile:	
Work Address:			
Work landline number:		Work landline number:	
Work Mobile:		Work Mobile:	

Additional people authorised to collect your child (including Contact numbers)

Name: Relation to Child: Landline number: Mobile number:	Name: Relation to Child: Landline number: Mobile number:
Name: Relation to Child: Landline number: Mobile number:	Name: Relation to Child: Landline number: Mobile number:
Do you have a Children's Centre Family Support Worker: Yes ☐ (No ☐ (Name of Social Worker (if applicable): Council / Local Authority: Has a CAF (Common Assessment Framework) been completed for the child/family? Yes ☐ (No ☐ (If 'yes' please state the date completed:	

Health Details:

Doctor's name if known:	
Doctor's address:	Doctors Landline number: Doctors Emergency number:
Are all childhood vaccinations up to date? Yes ☐ (No ☐ (If no please add additional information:	
Does your child have any diagnosed health conditions such as mobility, general health, or psychological health? Examples may include: Asthma, diabetes, all allergies or diagnosed syndromes. A health care form will be required if so:	
Please provide details of any regular medication or emergency medication your child may require that has been prescribed by the child's doctor. A medical consent form will be required to authorise staff to administer or oversee any medication taken whilst in our care. Non-prescribed medication will be authorised on a case by case basis.	
I hereby give consent for any emergency treatment necessary whilst my child is in the care of the club. Should it be deemed necessary for the child to be taken to hospital or to a GP, I authorise the staff to sign any written form of consent required by the medical authorities if the delay in obtaining my signature is considered by the doctor to endanger my child's health and safety. Yes ☐ (No ☐ (	

Dietary Arrangements

Does your child have any dietary requirements? Allergies & intolerances etc.

Club Permissions

Do you consent for members of staff at the Club to apply sun block to your child in hot conditions?

Yes ☐ (No ☐ (

Please note that you must supply sun cream; children will not be allowed outside in hot weather without sun cream. (We also recommend providing a sun hat.)

Occasionally we will take children off site to visit local areas such as the library, park or sports centre.

Do you give permission for your child to do this whilst supervised by staff?

Yes ☐ (No ☐ (

We regularly take pictures or videos of children involved in activities these pictures are used at the club or on our Facebook page before taking or displaying these we require permission.

Do you consent for photos / videos to be taken and used:

Yes ☐ (No ☐ (

If yes, we can also make your child's face blurred or covered if desired, please add any extra information if so:

At times we allow the children to use web browsers on our computers to go online for various activities.

Do you consent for your child to use the internet at the club:

Yes ☐ (No ☐ (

Online chat groups, messaging and social media sites and any other means of communicating with others online are not allowed to be used at the club, this includes on personal mobile phones.

Contact Details

Landline – 01430 424 858

Email – infosouthcavekids@gmail.com (Bookings and general enquiries)

Email – officesouthcavekids@gmail.com (Invoices and billing enquiries)

TERM TIME BOOKINGS

Sessions Required (Term time booking pattern):

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 7:30 to 9:00	☐	☐	☐	☐	☐
Afternoon 15:30 to 18:00	☐	☐	☐	☐	☐

Pattern Start Date:

If you require alternative booking patterns such as: fortnightly shifts or a one off booking, please email the club regarding these arrangements and tick below:

Ad-hoc bookings only

☐

Agreement:

I hereby give my consent for my child to take up a place at **South Cave Kids Club**, for the sessions above, according to the terms and conditions and associated policies. I understand these terms and conditions and associated policies and agreements may be revised from time to time. I have understood the expectations and obligations relating to both the Club and myself, and agree to abide by them.

- ☐ I am aware that my child in Reception, Years 1 to 4 are to be collected by a members of staff from South Cave School and taken to the Club.
- ☐ I am aware that my child in Years 5 and 6 will make their own way to the club and staff will oversee their arrival.
- ☐ I confirm that the information above is correct, and I promise to contact the club as soon as any details change.
- ☐ I understand that there is a reoccurring annual registration fee of **£15.00** and this is due when my child's first session has started and has been invoiced for. This covers September to August.
- ☐ I understand that persistent late or non-payments of fees will jeopardise my child's continuous attendance at the club and that late payment fees are in operation.

South Cave Kids Club will hold your details and those of your child for the minimum length of time required by statutory legislation for a childcare service. We comply with the requirements of the General Data Protection Regulation (GDPR), regarding obtaining, storing and using personal data.

Read and Completed by (parent):

Date Completed: