



## Contract/Registration Form

*Information recorded here is kept confidential – Please see our confidentiality policy*

DATE COMPLETED: \_\_\_\_\_

ADHOC SESSIONS:

PERMANENT SESSIONS:

### DETAILS OF THE CHILD:

Full Name of Child: \_\_\_\_\_

Preferred Name/Known as: \_\_\_\_\_ Position in family: \_\_\_\_\_

Address (including Post Code): \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Is English your Childs first language? \_\_\_\_\_ If No, Please specify: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

### PARENT/GUARDIAN

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

Address: Same as above  Please specify if different: \_\_\_\_\_  
\_\_\_\_\_

Does this person have parental responsibility for the Child? YES  No

### PARENT/GUARDIAN

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

Address: Same as above  Please specify if different: \_\_\_\_\_  
\_\_\_\_\_

Does this person have parental responsibility for the Child? YES  No



## EMERGENCY CONTACT DETAILS

Please list all other persons in addition to the legal parents/guardians who are authorised to collect your Child or who can be contacted in an emergency below:

Please note: Proof of identity, a phone call for verbal permission with an accurate description of the collector is required before releasing your child to anyone other than those noted below:

A password is also required – Please state your chosen password: \_\_\_\_\_

Name: _____	Relationship to Child: _____
Mobile Number: _____	Home Number: _____

Name: _____	Relationship to Child: _____
Mobile Number: _____	Home Number: _____

Name: _____	Relationship to Child: _____
Mobile Number: _____	Home Number: _____

## CHILDS MEDICAL INFORMATION/INDIVIDUAL NEEDS:

Name of GP: _____	GP Surgery: _____
Address: _____	
GP Telephone Number: _____	

Does your child have any known medical conditions or health needs? YES  NO

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Details of any prescribed medication being used: \_\_\_\_\_

\_\_\_\_\_

Do we need to keep or store any medication on site at Little Flyers for your Child? YES

NO

If yes, please give details: \_\_\_\_\_

An individual health plan must be completed for Children who have medical conditions or allergies.

## ALLERGIES/DIETARY REQUIREMENTS

Does your child have any known allergies or dietary needs? YES  NO



If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

**An individual health plan must be completed for Children who have medical conditions or allergies.**

**ADDITIONAL INFORMATION**

Does your child have any additional requirements, including special educational needs and/or physical disabilities or any significant behavioural issues?

\_\_\_\_\_  
\_\_\_\_\_

Please inform us of any other information you wish to share with us:

\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S MEDICAL HISTORY**

Has your Child received a tetanus injection in the last five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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To the best of your knowledge has your child been in contact with any contagious or infectious diseases, or suffered from anything that may be, or could become contagious or infected?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes please give details: _____		
_____		

I undertake to inform the Manager of Little Flyers Breakfast and After School Club as soon as possible of any change in medical and/or other relevant circumstances.

Signed (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

**Sickness/Emergency Arrangements:**

Little Flyers does not accept children who are unwell and we expect parents/guardians to inform us on the day (or sooner if possible) if their child will not be attending.

If the child becomes unwell during their time with us we will contact the parents/guardians at the earliest opportunities, if we are unable to make contact with the parents/guardians then we will contact the emergency contacts.

While every attempt will be made to contact you and your emergency contacts there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be



kept) and in an emergency, call the emergency services. Please sign below giving your consent to Little Flyers taking such actions in your absence.

**First Aid:**

I give my consent to Little Flyers administering basic first aid to my Child: YES  NO

**Emergency Medical Care:**

I give my consent to Little Flyers signing any written form or consent required by hospital authorities, including aesthetic, if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my Childs health and safety. YES  NO

**Emergency Medication:**

I give my consent to Little Flyers administering paracetamol, antihistamine, an epi-pen or inhaler if required:  
YES  NO

**Sun Protection Lotion:**

I give my consent to Little Flyers using sun protection lotion/cream on my child (please supply and label with your child's name):  
YES  NO

**Photographs:**

**The issue of child safety is taken very seriously at Little Flyers. This includes the use of images of the children in our care. We will only use images to display activities, make scrap books or to show you what progress they are making with their development. The identity of the child will always be protected and images of the child's face will never be displayed online.**

I give my consent to Little Flyers taking photographs of my Child:  
YES  NO

**Outings:**

**From time to time Little Flyers may take the children on short supervised outings either walking or using our Mini Bus. Parents will be notified in advance.**

I give my consent for my child to be taken on short supervised outings and to use the mini bus where required:  
YES  NO

Signed (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_



## Sharing Information

I consent for little flyers to share information with the school or other settings that my child may attend for the purpose of learning and development:

YES  NO

### Child's ethnicity:

- White
                         
  Black/Black British
                         
  Mixed/multiple ethnic groups  
 Other ethnic group
                         
  Asian/Asian British

Child's Religion: \_\_\_\_\_

## Attendance / Fees

The cost of each session will be:

Breakfast Club - 7.45am - 8.45am	£5
Breakfast Club - 7.30am - 8.45am	£6
Breakfast Club - 7.15am - 8.45am	£7
After School Club 3:15/3:30pm to 6:00 pm	£12
After School Club 3:15/3:30pm to 6:30 pm	£14

Sibling reduction: 10%

### Notice period for changes:

To forecast numbers **four weeks written notice** is required if the regular place at Little Flyers After School Club is no longer required or the number of sessions the child attends is to be reduced.

Additional sessions can be booked please allow us 48 hours notice for changes.

In the event of absence without notice, occasional parental days off and holidays, or closure of Little Flyers After School Club due to an unforeseen event, payment of the full session is required.

On registration, there is a non-refundable fee of £25 to secure a place. Once the child's place is taken up, then this fee is allocated to the child's forthcoming fees. **A child's place at Little Flyers After School Club is dependent on continued payment of fees.**



## Registration

(name of child) \_\_\_\_\_

to start on: \_\_\_\_\_ for \_\_\_\_\_ number of sessions/days per week.

**Operational hours:** These are during school term dates only and exclude school inset days

Breakfast Club	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
	07.15-08.45	07.15-08.45	07.15-08.45	07.15-08.45	07.15-08.45
	07.45-08.45	07.45-08.45	07.45-08.45	07.45-08.45	07.45-08.45
After School Club	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
	15.15-18.00	15.15-18.00	15.15-18.00	15.15-18.00	15.15-18.00
	15.15-18.30	15.15-18.30	15.15-18.30	15.15-18.30	15.15-18.30

Monthly fees are due on the 1<sup>st</sup> of each month.

Booking Fee of £25: (Non-Refundable Deposit) - Date received: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **(Parent/carer) Date :** \_\_\_\_\_

**Please note that:**

**It is our policy that everyone who attends, works in or visits Little Flyers After School Club has the right to enjoy the service we provide and all who attend our setting are expected to conduct themselves in a manner that is mindful of the presence of children.**

**For the safety and privacy of our children, use of mobile phones or other electronic devices is not permitted in our setting.**

### **Agreement between parent(s)/carer(s) and Little Flyers After School Club**

I understand that by completing and signing this contract and registration form:

- I agree to meet the terms and conditions of Little Flyers After School Club.
- I will inform the club of any changes in circumstances relating to the above or anything that may affect my child.
- I agree to collect/make arrangements for my child to be collected from Little Flyers After School Club immediately I am informed that he/she is unwell.
- I agree not to send my child to Little Flyers After School Club if he/she is unwell.

**Signature of parent/carer** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_