**REgistration FORM - City Kids Playcentre CIO**

 **citykidsplayleader@gmail.com 07384 291927**

**Child’s details**

Child's first name(s): ................................................... Child's surname: ...............................................

Child known as: (nickname)......................................... Child’s gender: Male / Female

Child's date of birth: ........ / ........ /................ Child's School: ..................................................

Teacher Name:............................................................ Class name: ......................................................

**Mother’s details:** Parental Responsibility Legal Contact yes/no(Please supply evidence if needed)

Name Dr / Mrs / Ms / Miss: ...................................................................................................................

Address: ..................................................................................................…………..................................

....................................................................…............. Postcode: ..........................................................

Home phone number: ..................…........................ Work phone number: ........................................

Mobile phone number: ...................……...................... Place of work: ...................…..............................

e-mail address: ....................................................................................................................................

**Father’s details:** Parental Responsibility legal contact Yes/no(Please supply evidence if needed)

Name Dr / Mr: ...............................................................................................................….......................

Address (if different) ......................................................................................................……..............

....................................................................…............. Postcode: ..........................................................

Home phone number: ...................……...................... Work phone number: ........................................

Mobile phone number: .................……...................... Place of work: ...................…............................

e-mail address: .......................................……...........................................................................................

**Emergency contact:** If we cannot contact either of you who else may we contact?

Name: ............................…............................…….. Number: ............................................................

Relationship to child..................................................................................................................................

**Doctors & medical details**

Doctor's name: ..........................................................................................................................................

Surgery address: ...................................................................................................................................

Postcode: ............................................. Telephone number: ...........................................

Has your child had any serious illness or have any special needs? *If so, please give details....................*

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Is your child allergic to any medication? *If so, state which* ..........................................................................

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Dentist’s name…………………………………………………………………………………………….

When did your child last have a hearing test ..................................? Vision test……………..………….?

Does your child have any Special Needs Provision YES / NO

**Any further information:**

Is your child a vegetarian or forbidden any type of food or drink? *If so, please give details*

*.............................................................................................................................................................*

Are Children’s Social Care currently supporting your family?..........................................................

Do you have an Early Help Assessment for your family?..................................................................

Any additional information you feel we should know about your child/ren or family circumstances

*..............................................................................................................................................................*

**Bookings :** Please state required attendance. Tick appropriate box(es)

 **M T W T F**

**Breakfast Club - (7:30 – 9am)     **

**Afterschool Club - half session (3:15pm – 4.45pm)     **

**Afterschool Club - full session (3.15pm-6:00pm)     **

Preferred start date:..........................................................................

**Passwords**

We use a unique password system to securely identify yourself if and when you would like to change collection arrangement for your children.

I would like my password to be: ..................................................................................................

**Confirmation of agreement**

I wish to enrol my child and have read and agree to abide by the terms & conditions of enrolment and the rules and terms of payment.

I understand that the club has a duty to report suspected child abuse or neglect.

**Signed.........................................................................................Date.............................................**

If there is any further information you feel we should have, please supply it on a separate sheet.

**Can you help us?**

City Kids Playcentre CIO is managed by a committee of parents on a voluntary basis. The Committee has overall responsibility for the running of the club, which includes the management of staff, the finances, fundraising and ensuring the safety and welfare of our children. If you would like to get involved, either by joining the Committee, or in any other way (however large or small) please give your details to our playleader who will pass them on to one of the Committee members.

**Permissions**

It is good practice, and in some cases a requirement to seek your permission to undertake various actions on behalf of your child. Please indicate your agreement to the following:

**Activities**

# *Do you give permission for your child to watch DVDs with a PG rating? Yes / No*

**Medical**

# We are not normally permitted to administer medication unless prescribed by a doctor. The exception is if your child is unwell or showing signs of a fever and early intervention is necessary, In an instance where we cannot contact you we would like to administer Calpol or similar paracetamol based formula.

# *We may administer Calpol (or a similar substitute) if you are not contactable? Yes / No*

I give permission for a trained member of staff to administer appropriate first aid if required and for City Kids Playcentre CIO to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I understand that I will be contacted on one of the numbers I have supplied should this happen.

# *We may seek emergency treatment when necessary? Yes / No*

Children are not permitted to play in the sun for anything other than short periods without the application of sunscreen.

# *You may use sunscreen on my child Yes / No*

**Photographs of your children**

We are sometimes asked by local or national media to participate in publicity or news items.

# *We may use an image of your child to be published:*

# *In the club’s own publicity/ website Yes / No*

Child’s name …………………………………………

Signed ………………………………………… Date …………..

**terms & conditions**

I consent to my child/children attending City Kid Playcentre CIO. I understand that the club has policies and procedures and confirm that both myself and my child/children agree to abide by them. Fees should be paid by the due date and I understand that failure to do so could jeopardise my child/children's continued place at the club. Fees can be paid by cash or by voucher. Bounced cheques will incur a £20 administration charge. I understand that collecting my child after 6pm will result in a charge of £5 per 5 minute block, therefore 10 minutes will cost an extra £10.

I agree to give City Kids Playcentre CIO 4 weeks' written notice should I wish to cancel any of my sessions

I give permission for my City Kids registration data to be shared with Cambridge Kids Club

I agree to notify City Kids Playcentre CIO if any of the details I have supplied regarding my child change.

I am aware that City Kids Playcentre CIO has an obligation to report suspected child abuse or neglect to the relevant authority.

I understand that the information I have given on this form is confidential I give permission for the club to share information with other professionals as appropriate e.g. the school for EYFS children.

**Payment Policy**

City Kids Playcentre CIO is managed by a small group of parents on behalf of all the parents who access the club and this management committee has legal obligations. We are a registered charity and Committee members are therefore trustees with financial liability.

To protect this small group of parents (the Committee), we have formalised a payment and booking policy that will go towards protecting them and securing the income of the Club.

* The preferred booking option is that parents commit to set days every week. If you collect early or choose to miss the odd day or your child is sick, you must still pay for the sessions;
* Any permanent alterations or cancellations should be discussed with the play leader and four weeks’ notice in writing given;
* Late payment of four weeks or more into the half term will incur a penalty charge of £10 per child.