Play & Learn Breakfast/After School Club @ Green Park Village Primary Academy

Child's name				
_				
Parent or care	r's name			

- I consent for my child to attend Go Beanies. I understand that the club has policies and procedures (which are available for reference at the club), and that there are expectations and obligations relating both to the club and to myself and my child, and I agree to abide by them.
- □ I understand that **Go Beanies** is a play setting and that whilst my child is there **Go Beanies** is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- Once my child arrives at **Go Beanies** he/she will be in the care of **Go Beanies** until collected and signed out by an authorised person.
- I will book my child into the club on a termly and/or ad-hoc basis and will pay promptly for all booked sessions whether my child attends or not (eg due to illness or holidays). Fees are always due one calendar month in advance for termly bookings; and at the time of booking (but not less than 24 hours in advance) for ad-hoc bookings.
- It is my responsibility to keep the club manager informed of any alterations to the information regarding my child (eg contact details, medical conditions, etc).
- I accept that my child may take part in messy activities while at Go Beanies. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
- □ **Go Beanies after-school club** closes at **6.00pm**. If, due to unforeseen circumstances, I am going to be late, I will contact the manager/deputy as soon as possible.
- If I do not collect my child by 6.00pm I will be subject to an immediate charge of £10.00 per child. An additional £10.00 will be charged for every fifteen minutes that passes, up until collection to cover the costs of the staff who are legally required to supervise my child.
- If I do not collect my child by 6.30pm, and the club has been unable to reach me or any of my emergency contacts, I understand that Go Beanies will follow its Uncollected Children Policy and contact Social Care.
- Whilst Go Beanies tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child's property whilst at the Club.
- I have read the club's Behaviour Management 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 pay for any missed sessions unless otherwise agreed with the manager.
- If there are any accidents or incidents at Go Beanies involving my child, I will be informed.
- If my child has an accident at the club, he/she will be treated by a qualified first aider and I will be informed as soon as possible. If my child needs urgent medical treatment and I am unavailable, a member of staff from Go Beanies will sign any consent forms necessary for treatment on my behalf, as stated on the club's Medical Form.
- Information held by Go Beanies regarding my child will be treated as confidential. However, in certain circumstances, for example if there are child protection concerns, I understand that the club has a legal duty to pass certain information on to other agencies, including Police, Social Care and health care professionals.
- I understand that aggressive and abusive behaviour towards staff will not be tolerated.

I have read and understood the above	e terms and conditions	and I agree to	abide by them
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Signature:		
Date:		

Tick if EYFS child	Please provide a password for collecting your child
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Play & Learn Breakfast/After School Club @ Green Park Village Primary Academy Registration Form

Child's Details					Date of Registration:					
First name: Surname:					What s/he likes to be called:					
Date of birth and current age: Class attended First language:				Name of key person/			rson/class teacher:			
Parent/Guardian d	letails							-1		
Title: First nan	ne:	Surnam	е		Title:	First	name:		Surname	•
Home address:					Home a	ddress	(if differ	rent):		
Does this child norma	ally live at th	is address	? Yes / No		Does thi	s child n	ormally	live at th	nis address?	? Yes / No
Work address:					Does this child normally live at this address? Yes / No Work address:					
Home number:	Mobile nur	mber:	Work number	:	Home r	Home number: Mob		Mobile r	number:	Work number:
Email address:	<u> </u>		I		Email a	ddress:				I
Does this person have	e parental res	sponsibilit	y? Yes / No		Does thi	s person	have p	arental re	esponsibility	y? Yes / No
Does anyone else hav	e parental re	esponsibili	ty for this child?	Yes / I	No (If yes	, please p	rovide d	etails over	·leaf.)	
Emergency Contac	t Details (p	lease provi	de details of two p			· ·	are una			
Name:				Telep	phone number: Mobile number:				er:	
Address:								Rel	ationship	to the child:
Name:	Name: Tele				phone number: Mobile number:				er:	
Address:					Relationship to the child:			to the child:		
Child's Doctor										
Name of Doctor:										
Address:					Telephone:					
About your child Please detail any n Please detail any d	ietary requi	rements	/ food allergie	s for y	our chilo	l: (pleas			details)	
Is there anything yo	our child do	esn't like	e (food, games	etc) o	r is scare	ed of?				
What are your child	d's favourite	e activitie	es?							
ignature of Parent/0	Carer						Da	te:		