

## Woody's Breakfast & After School Club Registration Forms

Child's name:		Date of Birth:	
Male/Female:			
Name of Parent 1:		Name of Parent 2:	
Home Address:		Home Address (if different):	
Home Telephone Number:		Home Telephone Number:	
Mobile Telephone Number:		Mobile Telephone Number :	
Employer:		Employer:	
Address:		Address:	
Telephone Number:		Telephone Number:	

Please indicate which parent is to be contacted during office hours  
Parent 1/Parent 2

**Medical Details**

Doctors Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Any known Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief details of medical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethnic Origin: \_\_\_\_\_

Religion: \_\_\_\_\_

First Language: \_\_\_\_\_

Child's individual specific needs. Eg, dietary requirements, cultural requirements, family structure etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide us with details of who has legal contact with your child; and who has parental responsibility for them(if the parents are separated, or if there is a court order in place).

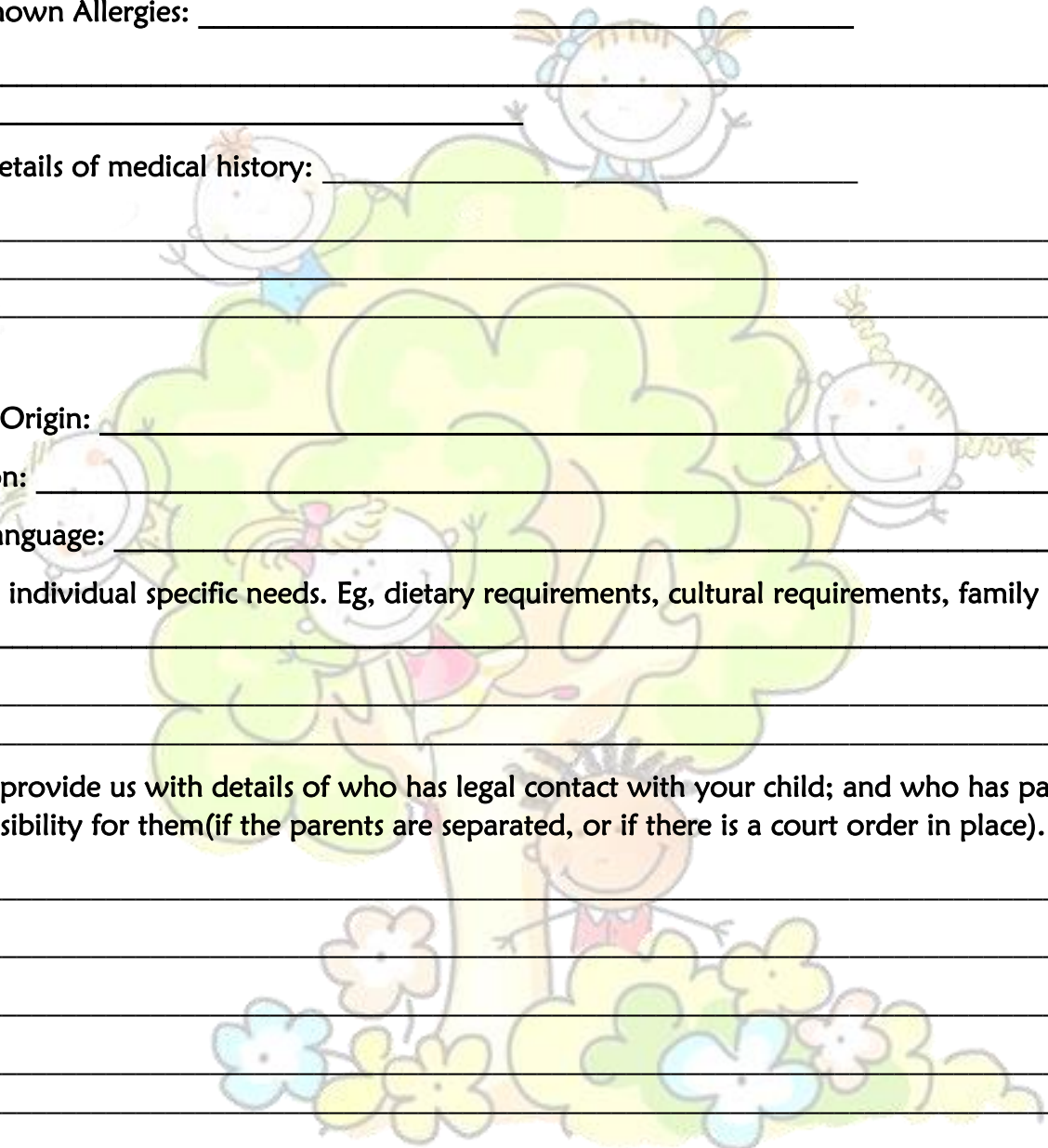
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Child's Name: \_\_\_\_\_

Proposed start date: \_\_\_\_\_

Class: \_\_\_\_\_

Preferred attendance pattern

Day	Breakfast Club	After School Club
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please provide the name, address and telephone number of two people we can contact in the event that we are unable to reach you.

Contact 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

THIS IS AN AGREEMENT BETWEEN WOODY'S BREAKFAST & AFTER SCHOOL CLUB, AND \_\_\_\_\_ (PARENT) CONCERNING THE DAY CARE OF (CHILD) \_\_\_\_\_

1. I agree to my child being taken directly to hospital or being examined by the nearest doctor available should an emergency arise.
2. I understand that my child will not be admitted to the Club if he/she is unwell.
3. In the case of illness/holidays/unexplained absences, I agree to pay the full fee for that period.
4. I agree to pay the fees four weekly in advance as invoiced.
5. I agree to give four weeks notice, in writing, of my intention to withdraw my child from the Club.
6. I agree to my child being taken on short outings, which involve leaving the Club/school grounds. I understand that a Woody's employee will always accompany them.
7. I understand the procedure to be followed in the event of me wishing to make a complaint or allegation of child abuse against Woody's.
8. I understand that photographs of my child may be taken for use in Woody's records, or website.
9. I give my consent to PIRITON being administered to my child in the event of an allergic reaction. I understand that I will be contacted immediately this is done.

WOODY'S BREAKFAST & AFTER SCHOOL CLUB RESERVES THE RIGHT TO EXCLUDE ANY CHILD IN THEIR CARE AT ANY TIME.

I have read and understood the above conditions and agree to enter into a contract with WOODY'S BREAKFAST & AFTER SCHOOL CLUB and abide by them.

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

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

ADDITIONAL / SPECIAL NEEDS

Woody's Breakfast & After School Club is anxious to provide a care package for you and your family which is second to none. Therefore, if your family or your child requires any additional or special needs whilst they are in our care, then please list them below. In order to conform with the guidelines set by our governing body (Ofsted) may we ask you to list all products you wish us to use on your child(ren), including aqueous cream, sun cream, wipes etc.

Staff will be unable to use / administer any products without written consent from the child's parent / guardian.

Please list any details or instructions you wish us to observe / administer:



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I agree to notify Woody's Breakfast & After School Club in writing of any changes to the above instructions. I also give my permission for all of the above.

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

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

CONSENT FORM

I hereby give / do not give my consent for Woody's Breakfast & After School Club to use a digital ear thermometer to take my child's temperature, as and when necessary to do so.

Child's Name: \_\_\_\_\_

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

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

(Parent / carer)

I hereby give / do not give my consent for Woody's Breakfast & After School Club to apply a plaster in the event that they may require one for a cut, graze or broken nail etc..

Child's Name : \_\_\_\_\_

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

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

(Parent / carer)

