

**BREAKFAST & AFTER SCHOOL CLUB @ St Giles CofE Infant School ~ 07740 585978 ~ redbananaclub@outlook.com**

**Child Registration Form**

Red Banana Club aim to provide the best possible childcare for your child. To help us maintain our high standards and provide for your child in the best possible way, please provide as much detail as possible when completing this form. Please let Red Banana Club should any of the information on this form change.

All information will be kept confidential. **PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD**.

**Child’s details**

Full name................................................................................................................................................Sex M / F.......................

Preferred name................................................................Date of birth...................................................Class..............................

Home address...............................................................................................................................................................................

**Parent/Guardian/Carer details** Parent/Guardian/Carer (1) name..................................................................................................................................................

Address.........................................................................................................................................................................................

Relationship to child..........................................................................................Parental responsibility Y / N................................

Email address.............................................................................................Occupation.................................................................

Work address.................................................................................................................................................................................

Contact Telephone number (1)........................................................................................................(home / work / mobile)

Contact Telephone number (2)........................................................................................................(home / work / mobile)

Contact Telephone number (3)........................................................................................................(home / work / mobile)

Parent/Guardian/Carer (2) name...................................................................................................................................................

Address..........................................................................................................................................................................................

Relationship to child..........................................................................................Parental responsibility Y / N.................................

Email address.............................................................................................Occupation..................................................................

Work address..................................................................................................................................................................................

Contact Telephone number (1)........................................................................................................(home / work / mobile)

Contact Telephone number (2)........................................................................................................(home / work / mobile)

Contact Telephone number (3)........................................................................................................(home / work / mobile)

Emergency contact should parents not be contactable (1) name.................................................................................................

Telephone number...................................................................Relationship to child.....................................................................

Emergency contact should parents not be contactable (2) name.................................................................................................

Telephone number...................................................................Relationship to child.....................................................................

Other person who may collect child (1)..........................................................................................................................................

Other person who may collect child (2)..........................................................................................................................................

**Child’s Medical Information**

Doctors name & address................................................................................................................................................................

Telephone number..........................................................................................................................................................................

Does your child have any of the following: Excema Y/N...................................Migraines Y/ N.. ................................

Heart condition Y/N....................................................Asthma Y/N....................................Diabetes Y/N.........................................

Hayfever Y/N..............................................................Allergies Y/N..................................Epilepsy/seizures Y/N...........................

If you have answered YES to any of the above, please give details...............................................................................................

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Does your child have any dietary requirements?............................................................................................................................ Does your child take any regular medication?................................................................................................................................ Will your child need medication whilst attending Red Banana Club?............................................................................................... Does your child have an Epipen or other emergency medication?..................................................................................................

Does your child have an EHCP? (please give details)…………………………………………………………………………………….

Does your child have a specific need that may require them to need more assistance at Red Banana Club?............................... .........................................................................................................................................................................................................

**Additional Information**

Child’s religion/culture....................................................................Child’s nationality.......................................................................

Language spoken at home...........................................................

Child’s sibling (1) name................................................age..................date of birth..........................school.....................................

Child’s sibling (2) name................................................age..................date of birth..........................school.....................................

Child’s sibling (3) name................................................age..................date of birth..........................school.....................................

Child’s sibling (4) name................................................age..................date of birth..........................school......................................

Child’s likes........................................................................................................................................................................................

Child’s dislikes...................................................................................................................................................................................

Is there any other information that you think Red Banana Club should know about your child?......................................................

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**Parents consents**

**Emergency treatment consent**

I.......................................................................................parent/carer for................................................................................. child **give** consent to emergency medical treatment, if required, and permitted by a registered practitioner in my absence. I give permission for any required treatment including general anaesthetic/blood products etc. As deemed by the medical profession at the time.

Signed.......................................................................Date..................................................

**Photography**

I.......................................................................................parent/carer for............................................................................... child **GIVE / DO NOT GIVE (delete as applicable)** my permission for my child to have their photograph taken whilst at breakfast or after school club to be used in displays within Red Banana Club. Should Red Banana Club wish to use photographs for promotional or marketing material further permission will be sought at the relevant time.

Signed.......................................................................Date..................................................

**Collection arrangements**

Child’s name................................................................................ will be collected by (names & relationship to child)

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.............................................................................................................................................................................................................. at the end of the after school club session, they will sign the register and escort the child from the school premises. If for any reason someone different to the above named people is required to collect your child, please contact us before collection, if the alternative person is not known to Red Banana Club staff we will ask for a password to ensure the safety and security of your child.

Password for collection by unknown person……………………………………….

Red Banana Club reserve the right to refuse to discharge a child if we are unsure about the safety of the child. We will hold the child until one of the named contacts can be contacted and a suitable person is available to collect. Fees will be applied if this should go past normal collection times (please see terms and conditions regarding late fees).

PRIVACY NOTICE

At Red Banana we respect the privacy of the children attending our club and of their parents/carers. In accordance with Article 6 of the General Data Protection Regulations (GDPR, May 2018), it is a requirement to provide you with information about the details we keep about your child/children. The information gathered about you and your children in this form is used to provide the best possible care for your child, maintain our service to you, and to communicate efficiently.

The information that you provide is stored securely in locked filing cabinets or on an encrypted USB stick. Information that we no longer require is erased after your child stops attendings our club. We are legally obliged to retain certain information (including records of accidents, complaints, attendance registers) for set periods of time after your child leaves our care, but we will delete as much personal information as we can at this time.

We use the personal information you provide to contact you by phone, email or post with booking and fee information and any relevant news regarding our club.

We will only share personal information about you or your child/children if we have a safeguarding concern about your child or if we are required to do so by government bodies or law enforcement agencies. In any other situations we would require your prior permission.



**BREAKFAST & AFTER SCHOOL CLUB @ The Vale Primary School ~ 07740 585978 ~ redbananaclub@outlook.com**

 **Terms & Conditions**

1. Fees are due on the first day of each month and are payable in advance for pre-booked sessions. A 10% discount will be given for bookings received by 20th of previous month and paid for by 1st month. Ad hoc bookings, top-ups or late fees are invoiced in arrears at the end of the month, with payment due within 7 days.
2. Children must be collected no later than 6pm. A charge will be made for late collection at the rate of £7.50 per 15 minutes or part of per child. If your child is booked until 4.30pm, late collection will result in the full session rate being charged.
3. Parents/carers must identify themselves to the Red Banana Club staff on or before the first day that the child attends. If another adult is to collect your child, Red Banana Club must be informed. If the nominated adult is not known to us a password will be required.
4. Adults collecting children must present themselves to Red Banana Club staff and sign the register before escorting the child from the school immediately.
5. Unless it is requested or is an agreed optional activity, children should not bring toys, games, valuable items to Red Banana Club. Nor should they bring money.
6. Should your child be unable to attend a pre-booked session, it is the parent/carers responsibility to inform Donna on 07740 585978 by 7.30am for breakfast club and by 3pm for After School club. Fees will still be charged at the standard rate. Pre-booked sessions can be swapped for an alternative available session if at least 24 hours notice is given.
7. Behaviour by any person on the site considered by staff to be inappropriate or unacceptable will not be tolerated. A discussion with the person concerned and/or parents/carers, if appropriate will take place. Should this behaviour continue then Red Banana Club reserve the right to exclude that person from the club, following the behaviour policy and procedure.
8. Equal opportunities and the mutual respect of all persons involved in Red Banana Club are essential at all times.
9. Respect for and the proper use of property, equipment and premises is essential and must be maintained at all times.
10. Normal boundaries of confidentiality will be maintained at all times with respect to any information exchanged between persons involved in Red Banana Club.
11. One month written notice is required if you wish your child’s place to be surrendered.
12. Places are available on a first come, first served basis, subject to a completed Registration Pack and any fees paid within the given times. When Red Banana Club is over subscribed a waiting list exists, following our admission policy.
13. Parents/carers or children must not use mobile phones/cameras within Red Banana. Parents/carers must finish mobile phone conversations before entering the premises.
14. Parents/carers should address any comments they wish to make regarding Red Banana Club to Donna

 (tel: 07740 585978)

**Contract of Agreement**

Please read the terms & conditions before signing the following declaration.

1. Having read, understood and accepted all statements made in the terms and conditions, I would like my child/children to be accepted by Red Banana Club Ltd.
2. I undertake to explain any appropriate statements to my child/children and emphasise the importance of abiding by those statements.
3. By signing this form I agree to pay in full any fees or other expenses incurred whilst my child attends by the required date.

Name of child/children .........................................................................

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Signed by parent/carer .........................................................................

Print name .........................................................................

Date .........................................................................