

Claires Court Schools Holiday Club



**Name of Child
to be Registered**

HOW TO REGISTER

To complete registration, parents/carers must fill out all sections of a Registration Form. A Registration Form is required for each child. When completed the parent/carer must sign and date where indicated and return marked for the attention of:

Holiday Activities
Clares Court Schools,
The College
1, College Avenue
Maidenhead
Berkshire
SL6 6AW

Registration forms need only be completed once and the information will be stored securely. It is the parents/carers responsibility to ensure the information is kept current and up to date. Separate booking forms are used to reserve places at the Holiday Club and need to be completed prior to each holiday period. A booking form will not be accepted without a completed Registration Form.

Important Information

- Please familiarise yourself with our Out of School Care policies and procedures, refund policies and Terms and Conditions.
- Bookings will not be accepted without Registration Form
- Full payment is required with the booking form. A place can not be reserved until payment has been received.
- Cheques should be made payable to 'Clares Court Schools Ltd'.
- Places are allocated on a first come first served basis; demand is high so prompt registration is recommended.
- Bookings will not be confirmed, please send a SAE if you require confirmation.

Private and Confidential

Registration Form

| | | | |
|---|----------------------|-------------------------------|------------|
| Name of Child | School | Date of Birth | Age |
| | | | |
| Address | | | |
| | | | |
| Post code | | Home Telephone No: | |
| | | | |
| Dietary Requirements | | | |
| | | | |
| Name of Parent/Carer 1. | | Relationship to Child | |
| | | | |
| Address if different from child | | | |
| | | | |
| Email Address | | | |
| | | | |
| Please list below your Home, Work and Mobile telephone numbers and place them in the order you would like us to contact you. | | | |
| Tel No 1 | Tel No 2 | Tel No 3 | |
| | | | |
| Name of Parent/Carer 2. | | Relationship to Child | |
| | | | |
| Address if different from child | | | |
| | | | |
| Email Address | | | |
| | | | |
| Please list below your Home, Work and Mobile telephone numbers. Please place them in the order you would like us to contact you. | | | |
| Tel No 1 | Tel No 2 | Tel No 3 | |
| | | | |
| If you are not available to collect your child during an emergency, whom else could we contact? | | | |
| Name : | Relationship: | Home Tel No | |
| | | Work Tel No | |
| | | Mobile Tel No | |
| Address | | | |
| | | | |
| Are there any orders excluding any adults who should not collect your child/children? Please give details below: | | | |
| | | | |
| Doctor's Name | | Doctor's Telephone No: | |
| | | | |
| Doctor's Address : | | | |
| | | | |

| | | | |
|---|---------------|--------------|---------------------------------|
| Has your child had the following childhood immunisations? | | | |
| Measles | Yes/No | Date: | Tetanus Yes/No Date: |
| | | | MMR Yes/No Date: |
| Has your child had the following childhood illnesses/diseases? | | | |
| Measles | Yes/No | Date: | Mumps Yes/No Date: |
| | | | Chicken Pox Yes/No Date: |
| Medical History including childhood illnesses which influence daily care (allergies, allergies to any medication, asthma, any other medical conditions or NONE) | | | |
| | | | |
| If your child requires medication to be taken whilst at the Out of School Care provision you will be asked to complete and sign a medication form. | | | |
| Please provide here any additional comments you would like to give us about your child (e.g. child's preferred name etc.). | | | |
| Comments: | | | |
| | | | |
| Some of the activities at the Holiday Club may involve visiting parks, libraries or other off site locations. Please give your permission for your child to leave the site to take part in these activities. I agree to my child going to off site locations to take part in the activities described above. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Signed..... Date..... | | | |
| Further comments: | | | |
| I consent to any emergency medical treatment necessary during the running of the Wrap Around Care. I authorise the Out of School Care staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Signed..... Date..... | | | |
| Further comments: | | | |
| I consent to my child being photographed by Out of School Care staff for publicity and/or display | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Signed..... Date..... | | | |
| Further comments: | | | |
| At times we may provide face painting as an activity. I consent to my child having his/her face/hands painted. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Signed..... Date..... | | | |
| Further comments: | | | |
| At times children will have access to computers using pre –determined web sites with adult supervision. I consent to my child using the computer stations. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Signed..... Date..... | | | |
| Further comments: | | | |
| Please let us know how you found out about Claires Court Out of School Care | | | |
| Claires Court Schools <input type="checkbox"/> Advertiser <input type="checkbox"/> Families Magazine <input type="checkbox"/> Word of Mouth <input type="checkbox"/> | | | |
| Other (please state)..... | | | |

Claire's Court Schools – Holiday Club AGREEMENT

I have read and understood the Policies and Procedures document including the Terms and Conditions of booking a place and agree to them and the Responsibilities Policy within the pack. Further more I/we agree to:

- Give up-to-date information about my child including any change of emergency contact details.
- Pay fees for booked/dates – please note that fees are still due if your child is absent for any reason.
- Collect my child promptly at the end of the session. (Mon – Thurs 18:00, Fri 17:30) If any children still remain, Out of School Care staff may have to inform Social Services as our registered hours are to 6:00pm only. Prompt collection is advisable.
- Sign my child out every day.
- Notify the staff in advance if any adult other than myself is to bring or collect my child
- Inform the Out of School Care provision if my/our child are to be absent from the Out of School Care

| |
|---|
| Parent/Carer |
| Signed Date..... Print Name..... Relationship to Child |

Signing Out Authorisation 2005 – 2006

Child's Name:.....

| | |
|---|--------------------------------|
| Please list any person(s) authorised, including yourself, to collect and sign your child/children from Out of School Care. Remember to include your Emergency Contact's name. | |
| Name | Signature (if possible) |
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| | |

**Please inform the Out of School Care Manager personally if any person NOT included in the above list is to collect your child.
This is for your child's safety.**