

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
Claire's 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, please note our information is not linked to Claire's Court Schools so you must notify Holiday Club as well as school of any change of information. If you do not attend within each year we will delete your information, if you attend again after a year you may be required to complete a new registration form to ensure the information is correct. Separate booking forms for up to two children 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 'Claire's 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:	
Email Address:			
Dietary Requirements :			
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.			
Name of Parent/Carer 1.		Relationship to Child	
Address if different from child			
Email Address			
Name of Parent/Carer 2.		Relationship to Child	
Address if different from child			
Email Address			
Please list below your EMERGENCY telephone numbers and place them in the order you would like us to contact you.			
Name	Relationship	Tel No	
1.			
2.			
3.			
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:	Tetnus Yes/No Date:
MMR Yes/No Date:	
Please provide here any additional comments you would like to give us about your child (e.g. child's preferred name etc.).	
Comments:	
<p>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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signed..... Date.....</p> <p>Further comments:</p>	
<p>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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signed..... Date.....</p> <p>Further comments:</p>	
<p>I consent to my child being photographed by Out of School Care staff for publicity and/or display</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signed..... Date.....</p> <p>Further comments:</p>	
<p>At times we may provide face painting as an activity. I consent to my child having his/her face/hands painted.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signed..... Date.....</p> <p>Further comments:</p>	
<p>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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signed..... Date.....</p> <p>Further comments:</p>	
<p>Please let us know how you found out about Claires Court Out of School Care</p> <p>Claires Court Schools <input type="checkbox"/> Advertiser <input type="checkbox"/> Families Magazine <input type="checkbox"/> Word of Mouth <input type="checkbox"/></p> <p>Other (please state).....</p>	

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

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)

**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.**