



## Registration Form

Branch of Kidz Play; .....

Date of Registration; .....

### **Basic Details;**

Child's Name; ..... Known As; .....

Date of Birth; ..... Gender .....

School Year & Class; ..... School Attending: .....

### ***Parents who the child lives with;***

1 .....

Does this parent have parental responsibility? Yes/No (delete)

2 .....

Does this parent have parental responsibility? Yes/No (delete)

Address; .....

.....

..... Postcode.....

Home Telephone Number; .....

Mobile Number; Parent 1 .....

Mobile Number; Parent 2 .....

Work / Day time Number; Parent 1.....

Work / Day time Number; Parent 2.....

Email Address; Parent 1 .....

Email Address; Parent 2.....

**Parent who the child does not live with - if applicable**

Name; .....

Address; .....

.....

..... Postcode;.....

Home Telephone Number; .....

Mobile Number; .....

Does this parent have legal access to the named child? Yes/No (delete)

***Note; If you have answered no to the above statement, documentation will be needed to confirm access arrangements for the named child. Please speak to the Supervisor to clarify.***

**Other Emergency contact details**

*Two different people than those already named. By giving these details you will also be authorising these people to collect your child (must be over 16 years of age).*

1. Name; .....

Address; .....

.....

..... Postcode; .....

Daytime Contact; ..... Mobile; .....

Relationship to the child; .....

2. Name; .....

Address; .....

.....

..... Postcode; .....

Daytime Contact; ..... Mobile; .....

Relationship to the child; .....

**Personal details of child**

Does your child have any Allergies, special dietary needs or preferences? Yes/No (delete)

If yes please specify below in detail.

If you have given your child any medication before school or the start of session it is your responsibility to inform the club Supervisor.

Does your child have any additional needs, or behavioural requirements? Yes/ No

If yes please specify below in detail.

Does your child have a one to one worker at school? Yes/No

If Yes please provide us with their name:.....

Does your child receive any additional support from outside agencies e.g. Jigsaw, Mencap, Young Carers? Yes/No

If Yes please specify below in detail.

Do you receive funding from the Government to help support your child's needs? Yes/No

If Yes please give more details.

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family?

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Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

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Is English your child's first spoken language?

Yes            No            If No please state:

Is English the parents/carers first spoken language?

Yes            No            If No please state:

What language(s) is/ are spoken at home

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If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

Is your child working towards any targets either at home, school, or any other setting which we can assist with (for example pre-school targets), discuss and agree with the Supervisor how you / we will support your child when settling-in:

**Personal details of child cont....**

Name of Doctor; .....

Name of Surgery; .....

Address of Surgery; .....

.....

..... Postcode.....

Surgery Tel No; .....

Child's NHS Number (if known) .....

**Names of any professionals involved with your child**

Name 1 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Name 3 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Yes/No (delete)

Do you have a health visitor?

Name \_\_\_\_\_ Based at \_\_\_\_\_

Telephone \_\_\_\_\_

Does your family have a social care worker for any reason?

Name: \_\_\_\_\_ Based at: \_\_\_\_\_

Tel: \_\_\_\_\_

What is the reason for the involvement of the social care department with your family?

*NB If the named child has a child protection plan; please provide a copy of the plan. This will be stored securely with the child's registration document.*

***Declaration;***

***I confirm that all the information I have given about the named child is correct and accurate at the time of completing this Registration form. I agree to keep the Supervisor up to date with any changes with regard to my child.***

Name .....

Relationship to child; .....

Signature; ..... Date.....

Supervisors Signature ..... Date.....

Print Name; .....

## Equalities monitoring form

### White – British

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background


### Mixed – White and Black Caribbean

- White and Black African
- White and Asian
- Any other mixed background


### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background


### Black or Black British

- Caribbean
- African
- Any other Black background


### Chinese

- Chinese

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### Any other ethnic background

- Please state \_\_\_\_\_

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## **Consent Form**

I give permission for photographs to be taken of my child during their time at Kidz Club

**Yes (sign below)**

**No**

Signature.....

Date.....

I give permission for images of my child to be used on Kidz Play's website.

**Yes (sign below)**

**No**

Signature.....

Date.....

I give permission for my child to take part in outings at Kidz Club once more details have been provided about the outing.

**Yes (sign below)**

**No**

Signature.....

Date.....

I have received a copy of the Kidz Play Parents Pack and Parents Terms and Conditions Contract of Care.

**Yes (sign below)**

**No**

Signature.....

Date.....

I give my consent for the use of plasters to be used on my child, if required.

**Yes (sign below)**

**No**

Signature.....

Date.....

I consent to any emergency medical treatment necessary during the Kidz Club session if required.

**Yes (sign below)**

**No**

Signature.....

Date.....

I hereby give permission for my child to be transported by Kidz Play staff between school and the Kidz Play venue, for either Breakfast and / or After School Club sessions only.

**Yes (sign below)**

**No**

Signature.....

Date.....



**Terms & Conditions Contract of Care**

**Name of Child/Children:** .....

**Name Of Club Attending:** .....

**Registration**

In compliance with Kidz Play (UK) Ltd Ofsted Childcare Registration, we will require all children to be signed in and out of the premise by a parent/guardian/carer.

**Property**

I understand that Kidz Play do not accept responsibility for loss or damage to property, including school uniform, coats or water bottles, that are brought into the Club.

I will ensure that my child does not bring items in from home, this includes toys, mobile phones, ipods or ipads.

I am aware that any items found at the end of the session will be handed into the school office to be added to their lost property.

As a responsible parent/carer, I shall provide the appropriate clothing and protective accessories i.e. sun cream, waterproofs for all weathers.

**Health Declaration**

I shall not let my child attend Kidz Play if they have a temperature above normal, or show symptoms of any rash, vomiting or diarrhoea or a new persistent cough. My child will not attend Club until 24hrs/48hrs, according my child's school policy, after the first symptoms of sickness, which falls in line with Kidz Play Health & Safety Policy. Should my child become ill during the session I will be contacted by a member of staff to arrange immediate collection.

I will inform the club Supervisor if I have given my child any medication before school or the start of session.

I understand that should my child require urgent medical attention, every possible effort will be made to contact myself or any of the emergency contacts, however if I/we cannot be contacted I/we give full permission for Kidz Play (uk) Ltd to make suitable arrangements with the emergency services to transport my child to seek medical attention along with a member of Kidz Play staff. Once medical staff arrive they will be entirely responsible for my/our child's care and treatment which may result to medical interventions that is required i.e. (urgent operations or other procedures).

**Sharing Information**

I agree for Kidzplay to share information regarding my child/ren's welfare with their school and other professional services if required.

I agree to keep Kidzplay informed of any changes to my child/ren's emergency contact details. I understand that failure to do so will result in a £20.00 fine being charged to me.

**Emergency Closures**

I understand that that there may be times that Kidz Play is being forced to close due to an external factor beyond its control such as; Serious weather conditions, Heating system failure, Burst water pipes, Fire or bomb scare/explosion, Death of a member of staff or child, Assault on a staff member or child, Serious accident or illness, Pandemic e.g. Corona Virus, School or Government temporarily closing the setting. Fees will not be waived due to the closure of your setting, full payment will be needed for the time the setting is closed or until the end of the half term which ever period is shortest.

## Payment Declaration & Additional Fees

I agree to pay my fees before, or by the due date on my invoice. If I fail to settle my invoice in full by the due date I acknowledge that I will pay an extra £20 penalty charge.

I agree to pay for, in full, all booked sessions. Failure to do this may result in my child's/ren's place being withdrawn until all debts are paid.

Booked sessions are not interchangeable.

I agree to notify you four weeks in advanced of any/all booked sessions that I wish to cancel. By not doing so will result in full session charges.

I agree to give at least 2 weeks' notice for a booked holiday, I will be granted a discount of 50% for my booked sessions during that period.

School residential trips will also be granted a 50% discount in order to secure my child's place. I agree that it is my responsibility to notify the club Supervisor of these dates, failure to do so will result in full costs being charged.

I understand that if I am late collecting my child/ren after the advertised closure time of Kidz Club I will be charged a £5.00 late fine plus extra costs of £1.00 for every additional minute, per child. This charge maybe wavered in exceptional circumstances. However, should I be unavoidably delayed I will do my best to inform the Club. I understand that two members of staff will be required to stay with my child/ren until I, or a nominated contact can arrive. I understand that this will only be accepted on rare occasions.

Failure to notify the Supervisor of my child/ren not attending Club will result in a fine of £10.00 per child being charged to me.

Breakfast and After School Clubs are subject to a yearly price increase, which I agree to pay. This increase will be on our newsletters and shown on our website prior to the increase taking place.

Should I require additional copies of invoices or a statement to present to HMRC for tax credit purposes or for personal records, I agree to pay administration fees of £25.00.

As a casual booker I agree to pay for each session, either prior or on the day of attendance. Failing to do so will result in an invoice being produced with an additional admin charge of £5.00.

Payments can be made either by vouchers, BACS, by phoning head office and giving my bank card details or online via the Kidzplay website.

**I have received a copy of Kidz Play parents pack, completed and returned my registration form with contact numbers. I agree to make known to the Supervisor any changes or information relating to my child/ren.**

**I will abide by the Policies and Procedures of Kidz Play (uk) Ltd.**

**Signed .....** **Date.....**

**Please Print Name .....**