### Bridges Before and After School Club Booking Form

Child's Name:.....

Child's Class:

Sessions start at 3.25pm until 5:25pm \*to be on the premises by 5.20pm Fees per session: 3.15pm - 5:25pm = £7.50

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

(Please tick the sessions that you require below)

Start Date:.....

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.

Signed:	Date:
(parent/carer)	

# Bridges Before and After School Club

**Registration Form** 

# Child's Details Date of Registration: First name: Surname: What s/he likes to be called: Date of birth and current age: School attended: Water CP School First language: Name of key person:

#### Parent/Guardian details

Title:	First nar	ne:	Surnam	e	Title:	First name:	:	Surname	
Home address:			Home address (if different):						
Does this o	child norm	ally live at th	is address	? Yes / No	Does this child normally live at this address? Yes / No				
Work address:			Work address:						
Home nu	mber:	Mobile nur	nber:	Work number:	Home n	umber:	Mobile r	number:	Work number:
Email address:			Email address:						
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No						
Does anyo	ne else hav	ve parental re	esponsibili	ty for this child? Yes /	No (If yes	, please provide	details ove	rleaf.)	

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:	·	Relationship to the child:

#### Child's Doctor

Name of Doctor:	
Address:	Telephone:

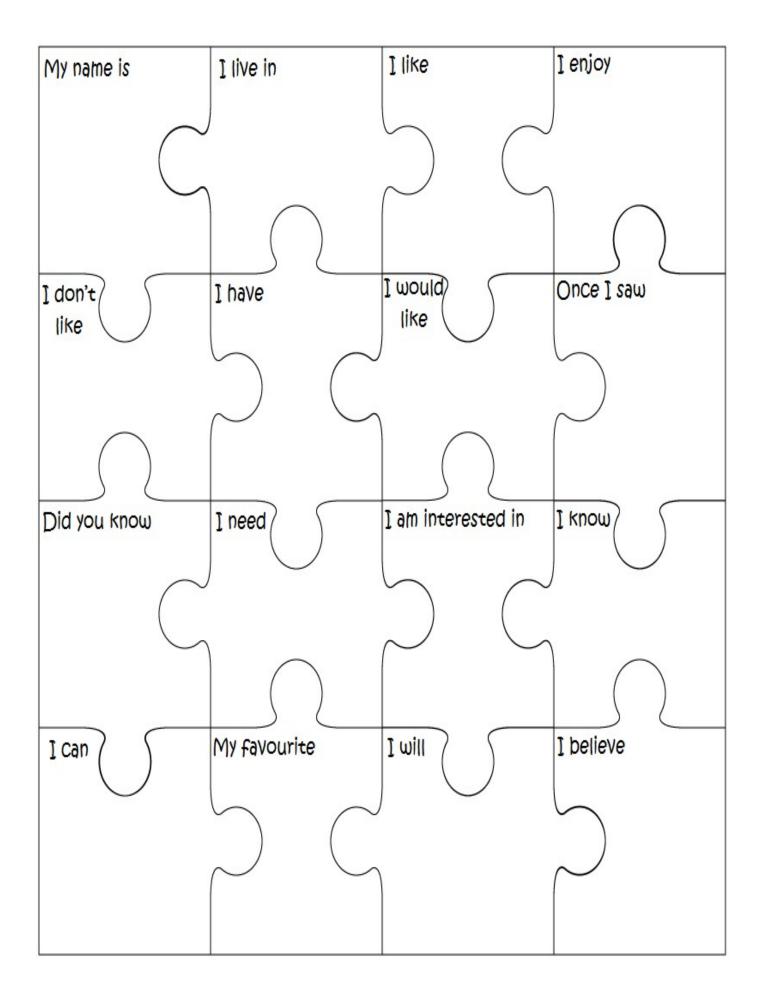
#### About your child

Please detail any additional/special needs your child has: (please provide full details)
Please detail any dietary requirements / food allergies for your child: (please provide full details
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

Signature of Parent/Carer

Date:

# All About Me



### Bridges Before and After School Club Medical Form

Child's name: Date of birth:			
Doctor:			
Doctor's address:			
Doctor's telephone:			
Does your child or the child in your care have any known medical problems or additional needs? (Please list)			
Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed)			
Does your child have any known allergies? (an Allergy Management Plan will be put in place where required)			
Does your child have any dietary requirements?			
Any other information relevant to your child's health			
Parent/Carer emergency contact telephone numbers:			

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed:

## Bridges Before and After School Club Photograph Permission Form

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Bridges Before and After School we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

(please tick for consent)

- Electronic and printed displays and exhibitions at the Club (eg photos of activities)
- Observation and assessment
- Club records of my child
- To accompany staff or student coursework
- □ Website for Club
- Promotional material for the Club
- □ Local newspaper or magazine
- □ National newspaper or magazine
- Other organisation's website
- Other organisation's promotional material
- □ Other

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Child's name: .....

Signed:	Date:	
(parent/carer)		

Print name: .....

## Bridges Before and After School Club Permission to leave School Premises

I give permission for Bridges Before and After School Club to take my child ...... off School premises. I understand that I will be given warning of any planned trips and asked for further permission unless the children are visiting the park close to school or the field off Dean Lane. In those instances, this permission slip will be sufficient permission.

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

### **Sun Cream Permission**

I give permission for Bridges Before and After School Club to apply sun cream to my child's face, neck and arms on sunny afternoon sessions. If my child has sensitive skin or any allergies to sun cream, I will ensure that my child has their own. We will apply cream to children who need help and encourage older children to apply their own whilst being supervised.

Child's name ...... Date ..... Date .....

### Bridges Before and After School Club Privacy Notice

At Bridges Before and After School Club we respect the privacy of the children attending the Club and the privacy of their parents or carers. The personal information that we collect about you and your child is used only to provide appropriate care for them, maintain our service to you, and communicate with you effectively. Our lawful basis for processing the personal information relating to you and your child is so that we can fulfil our contract with you. Our legal condition for processing any health-related information that you provide about your child is so that we can provide appropriate care for that child.

Any information that you provide is kept secure. Data that is no longer required\* is erased after your child has ceased attending our Club.

We will use the contact details you give us to contact you via phone, email and post, so that we can send you information about your child, our Club and other relevant news, and so that we can communicate with you regarding payment of our fees.

We will only share personal information about you or your child with another organisation if we:

- have a safeguarding concern about your child
- are required to by government bodies or law enforcement agencies
- engage a supplier to process data on our behalf (eg to pay staff, or to issue invoices)
- have obtained your prior permission.

You have the right to ask to see the data that we have about yourself or your child, and to ask for any errors to be corrected. We will respond to all such requests within one month. You can also ask for the data to be deleted, but note that:

- we will not be able to continue to care for your child if we do not have sufficient information about them
- even after your child has left our care, we have a statutory duty to retain some types of data for specific periods of time\* so can't delete everything immediately.

If you have a complaint about how we have kept your information secure, or how we have responded to a request to access, update or erase your data, you can refer us to the Information Commissioner's Office (ICO).

#### Please sign and date below to confirm that you have read this Privacy Notice.

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

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

\* We do need to retain certain types of data (such as records of complaints, accidents, and attendance) for set periods of time after your child ceases to be in our care, but we delete as much personal data as we can as soon as possible.

### Bridges Before and After School Club Policy Confirmation

I ..... confirm that I have read, understand and agree with the following policies:

- 1) Administering Medication
- 2) Admissions and Fees
- 3) Aggressive Behaviour
- 4) Arrivals and Departures
- 5) Behaviour Management
- 6) Bullying
- 7) Child Induction
- 8) Complaints
- 9) Confidentiality
- 10) Dangerous Plants
- 11) Emergency Evacuation
- 12) Environmental Policy
- 13) Equal Opportunities
- 14) EYFS
- 15) Fire Safety
- 16) Health and Safety
- 17) Healthy Eating
- 18) Illness and Accidents
- 19) Internet Safety
- 20) Intimate Care
- 21) Involving Parents
- 22) Lone Working
- 23) Manual Handling Policy
- 24) Missing Children
- 25) Mission Statement
- 26) Mobile Phone
- 27) Participation
- 28) Play
- 29) Risk Assessment
- 30) Safe Recruitment Policy
- 31) Safeguarding
- 32) Smoking Alcohol and Drugs
- 33) Social Media
- 34) Staff Disciplinary
- 35) Staff Grievance
- 36) Staff Induction
- 37) Suspension and Exclusion
- 38) Uncollected Children
- 39) Visitor
- 40) Whistleblowing
- 41) Covid-19

Signature Date	
----------------	--

I have been provided a copy of the club handbook which includes our behavioural management policy and safeguarding details. I agree to follow the rules set out in the handbook and understand that I must pay promptly one month in advance. I understand that I must provide 1 months' notice if my child is leaving the club.

Clauseture	Date
Nghature	Date

Child's Name

# Bridges Before and After School Club

#### **Contract with Parents**

#### Child's name

Parent or carer's name \_\_\_\_\_

- I consent for my child to attend Bridges Before and After School Club. I understand that the club has policies and procedures which are updated every 12 months as of 1<sup>st</sup> September (which are available for reference at the club), and that there are expectations and obligations relating both to the club and to myself and my child, and I agree to abide by them.
- I understand that Bridges Before and After School Club is a play setting and that whilst my child is there Bridges Before and After School Club is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- Once my child arrives at Bridges Before and After School Club he/she will be in the care of Bridges Before and After School Club until collected and signed out by an authorised person.
- I will notify the club before the start of the session if I am collecting my child from school on a day that he/she is booked to attend the club. I understand that I will be charged for the booked session.
- I will book my child into the club on a permanent basis and will pay promptly for all booked sessions whether my child attends or not (eg due to illness or holidays), unless I have made other arrangements with the manager.
- It is my responsibility to keep the club manager informed of any alterations to the information regarding my child (eg contact details, medical conditions, etc).
- I accept that my child may take part in messy activities while at Bridges Before and After School Club. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
- Bridges Before and After School Club closes at 5:25pm. If, due to unforeseen circumstances, I am going to be late, I will contact the manager/deputy as soon as possible.
- If I do not collect my child by 5:25pm I will pay a charge of £5 per 5 minutes to cover the costs of the staff who are legally required to supervise my child.
- If I do not collect my child by 5:55pm, and the club has been unable to reach me or any of my emergency contacts, I understand that Bridges Before and After School Club will follow its **Uncollected Children Policy** and contact Social Care.
- I understand that if the school is closed due for any reason that I will still pay for all booked sessions.
- Whilst Bridges Before and After School Club tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child's property whilst at the Club.
- I have read the club's **Behaviour Management Policy** and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the club, and I will pay for any missed sessions unless otherwise agreed with the manager.
- If there are any accidents or incidents at Bridges Before and After School Club involving my child, I will be informed.
- If my child has an accident at the club, he/she will be treated by a qualified first aider and I will be informed as soon as possible. If my child needs urgent medical treatment and I am unavailable, a member of staff from Bridges Before and After School Club will sign any consent forms necessary for treatment on my behalf, as stated on the club's **Medical Form**.
- Information held by Bridges Before and After School Club regarding my child will be treated as confidential. However, in certain circumstances, for example if there are child protection concerns, I understand that the club has a legal duty to pass certain information on to other agencies, including Police, Social Care and health care professionals.
- I understand that aggressive and abusive behaviour towards staff will not be tolerated.

I have read and understood the above terms and conditions and I agree to abide by them.

Signature: \_\_\_\_\_

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