

Zac's

RICCALL BEFORE AND AFTER SCHOOL CLUB

Club

SESSION BOOKINGS

Name of Child:

Address:

.....

Telephone:

Email:

Date of birth:

Gender:

Please tick below the sessions you wish your child to attend:

Day	After school club 3.15pm – 6.15pm Including healthy snack
Tuesday	
Wednesday	
Thursday	

Where did you hear about Zac's Club?.....

Fees payable one month in advance, due on 1st of the month are After school club £10.00 per session.

Invoices will be issued in advance and any further ad hoc sessions taken during the month will be invoiced the following month. Such extra sessions will be subject to the availability of places. Refunds cannot be given for pre-booked places not taken up. Notice of permanent changes to session requirements must be given at least one month in advance.

The relationship between a child's parents and a setting is crucial to the child's wellbeing. The welfare, safety and protection of your child are at the heart of everything we do. To enable us to make the best provision for your child we are officially required to ask for the information provided by these forms. Please understand there are sound reasons why we are required to ask these questions. We want to help your child. It is not just that we are being curious. Thank you for your cooperation.

I agree to the above terms

Signed

Date

Name of Parent (Please print)

Please start sessions with effect from.....(date)

Parent Contact Details

Date:

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Copies of this form must be kept on the premises at all times

Form will be kept for 2 years (Ofsted purposes) and 21 years for legal purposes

Full name of child:

Address of child:

Parent 1		Parent 2	
Full name:		Full name:	
Address:		Address:	
Postcode:		Postcode:	
Daytime tel:	home:	Daytime tel:	home:
	work:		work:
	mobile:		mobile:
Email:	home:	Email:	home:
	work:		work:

PREVIOUS ADDRESS:

Parent 1	Parent 2

Emergency contact (should parent(s) be unavailable)

Full name:		Relationship to child:	
Address:			
		Postcode:	
Daytime telephone:	home:	work:	mobile:

Signed (parent/guardian 1) Print name: Date:

Signed (parent/guardian 2) Print name: Date:

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Full name of child:

Address of child:
Including Postcode

Date of birth:				Gender:	
Known as:				Religion:	
Ethnicity:				Language spoken:	
Name of parent/carer:				Position in family: (e.g. only child)	
Doctor and address of surgery:					
Tel no:				Postcode:	

Any known special dietary requirements/food allergies	
Any known medical conditions:	
Any known allergies to medication:	
Record of immunizations: (including dates)	
Any special education needs:	
Any other important information:	
Other settings attended: (name, address, telephone)	

I give permission for staff to liaise with previous setting, if applicable, to share developmental records to ensure a positive and purposeful transition.

Signed by parent/guardian Date:

Please print name:

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Parental Permission for Digital and Photographic Images

Name of Child :

Images of children at Zac's Club will be used for:

- * Children's learning Journeys
- * Wall displays in the setting
- * Website images
- * Press releases
- * Face book upload to Zac's Club Page
- * Scrapbooks
- * Displays for Open Days

- Please delete any that you do not wish us to use images of your child for

Zac's Club will not identify any child by name where images are used for publicity or on the internet.

To be completed by the parent / carer

I give permission for the image of (Name of child)

to be taken and reproduced for the purposes identified above.

Name of Parent:

Signed by :

Date :

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Full name of child:	
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In order to make full use of the facilities for young children in the local community, the children may be taken on short walks to venues such as parks, shops, all within the village. They will always be accompanied by a responsible adult from Zac's Club.

To be completed by parent/guardian

I give permission for _____ (name of child) to visit venues in the local community with responsible adults from Zac's Club.

Name of parent/guardian:	
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Signed by parent/guardian Date:

We regret that your child cannot attend any visit until this form is returned

Parental Permission form for emergency and routine treatment

Date:

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Full name of child:	
Date of birth:	
Name of parent/guardian 1:	
Name of parent/guardian 2:	

Please complete, sign and date the following declaration:

Routine treatment

I agree to the registered person in the provision (or deputy) applying suncream and/or insect repellent , which I will provide as necessary for _____ (name of child)

Declaration for emergencies

I agree to the registered person in the provision (or deputy) taking the necessary steps to ensure that my child _____ (name of child) receives the best and most appropriate attention and treatment should there be an emergency or accident in the provision or while my child is on an authorized outing. I understand that the registered person (or deputy) will make every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child _____ (name of child) to hospital in the case of a serious accident in my absence. Staff will not authorize treatment at hospital.

If you do not agree with any or all of the above declaration please make your views known in the space below. The registered person (or deputy) will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the declaration and would prefer the following procedure to be followed for my child

_____ (name of child) in the event of an emergency.

Signed by parent/guardian 1 Date:

Signed by parent/guardian 2 Date:

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Full name of child:	
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It is important that you let us know when a person other than the parent/guardian of your child will be collecting the child. Please list below the persons to whom a child may be released in the absence of a parent/guardian.

Name	Relationship	Contact telephone

Signed by parent/guardian

Date:

Other Agencies Involved

Date:

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Other Agencies involved in your child’s care:

AGENCY	NAME	ADDRESS	TELEPHONE NO
GP			
Health Visitor			
Dentist			
Social Worker			
Other specialist health Professionals: e.g. Speech therapist, Pediatrician			

Signed by parent/guardian Date: