|  |  |
| --- | --- |
| **YMCA Essex, Before and After School Registration Form** | |
| **Child’s Surname** |  |
| **Child’s First Name** |  |
| **Child’s Date of Birth** |  |
| **Home Address and Post Code** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Attending and times for drop off / collection** |  | | | | |
| **Days and Sessions Required (Please Tick)** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Breakfast** |  |  |  |  |  |
| **After School** |  |  |  |  |  |

*NB There’s no Breakfast Club at Baddow Hall School run by the YMCA*

**Family Information**

|  |  |
| --- | --- |
| **Who has parental responsibility for this child?** |  |
| **Who does the child live with?** |  |

|  |  |
| --- | --- |
| **Mother’s Name:** |  |
| **Mother’s address:** |  |
| **Mother’s place of work:** |  |
| **Mother’s contact details** | **Home:**  **Work:**  **Mobile:** |
| **Mother’s email address**  **(for e-invoices)** |  |

|  |  |
| --- | --- |
| **Father’s Name:** |  |
| **Father’s address:** |  |
| **Father’s place of work:** |  |
| **Father’s contact details** | **Home:**  **Work:**  **Mobile:** |
| **Father’s email address**  **(for e-invoices)** |  |

|  |  |
| --- | --- |
| **If your child has any brothers or sisters, please let us know** | |
| **Sibling’s Name:** | **Sibling’s Date of Birth:** |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Primary collectors contact names and details.**  Please give the two names, addresses and telephone numbers of the primary collectors for your child. ***These people will be the people that collect your child under normal daily circumstances*** | | |
| 1. | Name:  Address:  Relationship: | Tel: |
| 2. | Name:  Address:  Relationship: | Tel: |

|  |  |  |
| --- | --- | --- |
| **Additional Collectors contact names and details.**  Please give the three names, addresses and telephone numbers of the additional collectors for your child in case of emergency, should we not be able to reach the two collectors listed above. | | |
| 1. | Name:  Address:  Relationship: | Tel: |
| 2. | Name:  Address:  Relationship: | Tel: |
| 3. | Name:  Address:  Relationship: | Tel: |
| **Security**  In the event of somebody collecting your child on your behalf, we will require a password to release your child. All staff are trained to ask for this password if they do not recognise the person collecting your child.  Password:  Parent’s Signature & Date: | | |

**Ethnicity Codes and other information**

|  |  |
| --- | --- |
| **Ethnicity Codes** This will be shared, if requested, with the Local Authority. | |
| 01 White British | 11 Asian or Asian British - Other Indian |
| 02 White Irish | 12 Asian or Asian British - Pakistani |
| 03 Other White | 13 Black or Black British |
| 04 Mixed - Other Mixed | 14 Black or Black British – African |
| 05 Mixed - White & Asian | 15 Black or Black British - Caribbean |
| 06 Mixed - White & Black African | 16 Black or Black British - Other Black |
| 07 Mixed - White & Black Caribbean | 17 Unknown |
| 08 Asian or Asian British | 18 Traveller |
| 09 Asian or Asian British – Bangladeshi | 19 Chinese |
| 10 Asian or Asian British – Indian | 20 Any |

|  |  |  |
| --- | --- | --- |
|  | **Ethnicity Code** | **Main Language Spoken** |
| **Mother** |  |  |
| **Father** |  |  |
| **Child being registered** |  |  |
| **Sibling 1** |  |  |
| **Sibling 2** |  |  |
| **Sibling 3** |  |  |

|  |
| --- |
| **Is there any other relevant information you feel we should know?** |

**Your child’s health**

In order for us to care for your child’s health effectively we need to have as much information about them as possible. The next few pages will ask a series of questions so we can ensure we have all the information we need so please be as thorough as possible.

Please Note should your child have a care plan or require specialist medical interventions such as Epi pens we MUST have full training on this before your child can start with us.

Failure to provide the relevant information about your child's health or not dis-closing an additional need or support request may result in your space being terminated immediately.

|  |  |  |
| --- | --- | --- |
|  | **Doctor** | **Health visitor** |
| Name: |  |  |
| Address: |  |  |
| Telephone number: |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes – please explain** | **No** |
| Does your child have any medical requirements or problems we should be aware of? |  |  |
| Does your child require regular medication administered whilst at Out of School Club? |  |  |
| Does your child suffer from any allergies? If so, how is this allergy managed? |  |  |
| Does your child have any specific dietary requirements? |  |  |

|  |  |  |
| --- | --- | --- |
| To help us maintain the care of your child, we have devised a form seeking permission to use the following items. If you have previously completed this form, can I still ask that you complete it again, as it will provide us with up to date information. | | |
|  | **Yes** | **No** |
| Bandages |  |  |
| Micropore Tape |  |  |
| Plasters |  |  |
| Gauze |  |  |
| Calpol |  |  |
| Comments: |  | |
| Parent’s Name: |  | |
| Signature: |  | |
| Date: |  | |

**Permissions and Policies**

**For our full policies and procedures please ask staff for a copy or download from** [**www.ymcaessex.org.uk**](http://www.ymcaessex.org.uk)

**Please read each permission carefully and let us know which areas we have permission to act, by circling ‘Yes’ or ‘No’.**

|  |  |
| --- | --- |
| **Permission Request** | **Yes / No** |
| Permission to leave the premises for the purpose of Out of School Club outings and visits | **Yes / No** |
| Permission to take your child to hospital/doctors in case of emergency | **Yes / No** |
| I give permission for my child to have their face painted whilst at Out of School Club. | **Yes / No** |
| I give permission for my child to have their clothes washed at Out of School Club. | **Yes / No** |
| I give my permission for my child’s records to be shared with other professional and medical practitioners and/or other third-party organisations if necessary, as per our Data Privacy Notice. | **Yes / No** |
| I give permission for my child’s photo to be taken whilst at OOS for use by the club: | **Yes / No** |

**Signed Dated:**

**Signed Dated:**

Please visit [www.ymcaessex.org.uk](http://www.ymcaessex.org.uk) to read and download our policies and procedures booklet and our prospectus. Should you not be able to do this we will be happy to provide these documents upon request.

**Financial Policy for Out of School Club**

Our fee structure and payment processes are explained in our prospectus. We would ask you to make sure you have read our terms and conditions.

Full fees will be payable if your child is absent from the OOSC for the following reasons:

• All booked sessions including bank holidays are payable for and sessions cannot be swapped under any circumstances.

• Full fees will be payable in the event of bad weather or any other circumstances that result in the early closure of the OOSC.

• We will be closing the OOSC early twice during the year for staff training Parents will be notified in advance of these closures.

We reserve the right to discontinue provision for your child if fees are not received on a timely basis. If fees remain unpaid, we will implement our debt collection process which will result in the debt being passed to our debt collection agency. If settlement is not received it may result in us taking out proceedings in the County Court. It is our policy to pursue outstanding debts and could result in a CCJ (County Court Judgement) being made against parents.

One month’s written notification is required if you intend to change or terminate your placement at the OOSC, and fees will be charged for this period.

Fees are payable monthly in advance.

**Data Protection**

YMCA will collect your data under the Data Protection regulations. We will store them securely and they will only be accessed by authorised staff. Please see our Data Privacy Notice and Retention Policy for further details. We will safely and securely destroy your data as per our Data Retention Policy.

**Full-Time Discounts**

We offer a discount of 10% for each child attending 5 full days.

**Bad weather**

It is our intention that our Out of School Clubs will be open on normal working days, however there may be occasions when, after taking advice from various authorities, we may decide to close the Out of School Club for safety or other reasons. In bad weather, each day will be treated as a separate occasion and a daily decision will be made.

When a decision is made to close the Out of School Club, we will notify all parents and carers as soon as possible by telephone, email, website and local radio. You will be expected to collect your child by the time given for closure. Fees are to be paid in the event of closure.

**Check List**

1. Have you completed the following:

• Contact Details

• Medical Conditions

• Emergency Contact details

2. Have you signed for the various permissions to allow us to take your child outside of Sticky Paws, if necessary, to visit the hospital or doctor, and photographic permissions?

3. Have you read and understood the financial commitments you are making as set out in this booklet and also our prospectus?

4. Have you read and understood our policy on bad weather or other closures of the Out of School Club?

5. Have you read the data privacy notice and related policies and agree to the terms and conditions stated?

6. Have you given us a copy of your child's birth certificate?

I/We confirm that I/we have completed this booklet and sign to agree to the terms set out in this booklet, prospectus and the policies and procedures that are online.

I/We confirm that I am/we are legally responsible for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name).

**Signed Dated:**

Thank you for taking the time to complete this registration form.

Any questions?

Call us on 01245 355677

Email us at childcare@ymcaessex.co.uk

Website [www.ymcaessex.org.uk](http://www.ymcaessex.org.uk)

Sticky Paws is the operating name of YMCA Chelmsford

