

Tick if EYFS child (at time of enrolment – Office use only.)

## Brains and Games After School Club Contract and Registration Form

Owner- Mark Bailey

Club Telephone: 07376 130968 E-mail: [burleigh@brainsandgames.co.uk](mailto:burleigh@brainsandgames.co.uk)

### Child's personal details:

Given name(s):	Family name:	Gender: M / F
Date of Birth:	Cultural and Religious Background:	
Home address and postcode:		Language(s) spoken at home:

### Booking patterns:

*(Information relating to booking options, fees and operating hours are stated in our Parent / Carer Handbook or by calling the club to discuss your needs.)*

Please tell us more about your expected childcare needs. Will you require.....	
1) Permanent Care Y / N, or	2) Casual Care Y / N, or 3) Not sure, I'm just registering at the moment Y / N
If Permanent Care is required, please state:	
Preferred start date: _____	Time: To / From: _____
Days required (please circle):	Every day / Monday / Tuesday / Wednesday / Thursday / Friday

### Parent / Carer Information:

	Parent / Carer 1 and Account Holder	Parent / Carer 2
Title / Full name - (Family / Given):		
Relationship to child:		
Home address and postcode:		
Telephone Numbers - List all: (M)obile, (H)ome, (W)ork etc.		
E-mail address(es):		
Date of birth:		
<b>Parental / legal responsibility. Is this child involved in any court orders, parenting plans or any other action that affects the custody of the child? Y / N</b> <i>(If yes, please provide all relevant and supporting documents. Supplementary forms and details may be required to capture additional information.)</i>		

**Details of persons authorised to collect your child and / or who can be contacted in an emergency:**

*(Please nominate at least two additional emergency contacts. All contacts must be aged 18 or over. Full details are listed in our Parent / Carer Handbook.)*

	<b>Contact 1</b>	<b>Contact 2</b>	<b>Contact 3</b>
<b>Full name (Family / Given):</b>			
<b>Relationship to child:</b>			
<b>Home address and postcode:</b>			
<b>Telephone Numbers - List all: (M)obile, (H)ome, (W)ork etc.</b>			
<b>E-mail address(es) - List all, (W)ork (P)rivate etc.:</b>			
<b>Type of contact - please circle one per contact:</b>	<b>Emergency only / Collection only / Both</b>	<b>Emergency only / Collection only / Both</b>	<b>Emergency only / Collection only / Both</b>

**Medical information / Information relating to other needs**

*(Full guidance is listed in our Parent / Carer Handbook. Please include past, current or pending assessments, the club will help decide whether supplementary information is required.)*

<p><b><u>Medical Details</u></b>                  Name, Address and Postcode of Doctor:                    Telephone number:</p>	<p>Are there any.....medical or health conditions, or any allergies (medical, food, animals, objects etc.) <b>Y / N ? *</b></p> <p>.....special dietary needs (medical, cultural etc.) <b>Y / N ? *</b></p> <p>.....health, behavioural or other needs? <b>Y / N ?*</b></p>
<p><b>* Please provide brief details</b> <i>(Supplementary forms might be required. A separate call will be arranged to discuss):</i></p>	
<p>Is your child on any medication, either regularly or short term, <b>Y / N</b> <i>(if yes, please provide brief details):</i></p>	
<p>Does your child wear either Prescription Glasses <b>Y / N</b> and / or a Hearing Aid <b>Y / N?</b> <i>(please circle)</i></p>	

Is there anything else about your child that you would like to tell us?

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**Child's Interests:** (Please tick below)

- |  |                                     |                                       |                                  |   |
|--|-------------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Arts / Crafts | <input type="checkbox"/> Music      | <input type="checkbox"/> Drama        | <input type="checkbox"/> Sports  | <input type="checkbox"/> Structured Games |
| <input type="checkbox"/> Cooking       | <input type="checkbox"/> Technology | <input type="checkbox"/> Construction | <input type="checkbox"/> Reading | <input type="checkbox"/> Board Games      |

Please provide information about any other interests or hobbies:

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**Agreement, Consent and Permissions – In Service**

**Please read the following statements, tick the box alongside all that apply and sign at the bottom. Further details are provided in our Parent / Carer Handbook or on-site in our Policies and Procedures:**

I hereby give permission to the staff of Brains and Games to administer medically prescribed medication to my child and that I will also sign a Medical information & Authorisation form. I understand that the staff will record each administration of medication. I acknowledge that all care will be taken and will not hold Brains and Games responsible.	<input type="checkbox"/>
I understand my child cannot attend Brains and Games if suffering from an infectious or communicable disease, or if symptoms develop during any session, that I will be asked to collect my child immediately.	<input type="checkbox"/>
I hereby notify Brains and Games that my child carries medication with them and will self-medicate. I understand I will provide a letter / plan from a doctor to support this and I will sign a Medical information & Authorisation form.	<input type="checkbox"/>
I hereby give my permission for Brains and Games to treat my child if a minor accident occurs. In the case of a more urgent matter requiring the emergency services, I understand an ambulance will be called first then I will be notified.	<input type="checkbox"/>
I understand the provider of the Brains and Games service is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever, unless there is proven negligence by the provider or an employee.	<input type="checkbox"/>
I hereby agree that if I have booked to attend an outing this will mean that I give Brains and Games permission to transport my child off a Brains and Games designated site.	<input type="checkbox"/>
I acknowledge that photographs / video of my child or items of my child's work completed at Brains and Games may be used at a later date for local marketing and promotional purposes. I hereby give my consent and no further permission will be required.	<input type="checkbox"/>
I acknowledge that the information contained herein is confidential and will only be used by the Brains and Games team to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the programme assessment process.	<input type="checkbox"/>
I authorise that my child's school has permission to share information about my child with Brains and Games, and likewise, Brains and games with my child's school.	<input type="checkbox"/>
Brains and Games staff will not apply sunscreen. Sunscreen should be provided in my child's school bag and should be self applied. My child might be asked to withdraw from outdoor play if appropriate clothing or sunscreen is not made available by me.	<input type="checkbox"/>
I hereby give permission for my child to watch U & PG rated movies and games if deemed suitable by Brains and Games.	<input type="checkbox"/>

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To ensure the safeguarding of your child please note the following statement / information:**

If you are arranging for a friend or family member to collect your child from Brains and Games, please provide them with the password below and always notify us by telephone or e-mail if you have arranged for someone to collect your child from us.

**Password:**

## TERMS AND CONDITIONS

- I consent for my child to attend Brains and Games. I understand that the club has policies and procedures (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 Brains and Games is a play setting and that whilst my child is there, Brains and Games 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 Brains and Games he/she will be in the care of Brains and Games until collected and signed out by an authorised person that I will ensure is aged 18 (eighteen) or over.
- 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. I understand that I will be charged for the booked session.
- I will book my child into the club on a perpetual basis and will pay promptly within 7 (seven) days 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. I may cancel my perpetual booking by giving one school half term notice.
- I acknowledge that all information I have provided on this form is true and correct. It is also my responsibility to keep the club manager informed of any alterations to the information regarding my child (e.g. contact details, medical conditions, etc).
- I accept that my child may take part in messy activities while at Brains and Games. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
- Brains and Games closes at 6.00pm. If, due to unforeseen circumstances, I am going to be late, I will contact the manager as soon as possible. If I do not collect my child by 6.20pm, I have not notified the club of my delayed arrival and the club has been unable to reach me or any of my emergency contacts, I understand that Brains and Games will follow its **Uncollected Children Policy** and contact Social Care and / or the Police.
- Whilst Brains and Games 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 Brains and Games 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 Brains and Games will sign any consent forms necessary for treatment on my behalf, as stated on the club's **Medical Form**.
- Information held by Brains and Games 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 but not limited to Police, Social Care and health care professionals.
- I understand that aggressive and abusive behaviour towards staff will not be tolerated.
- I agree that I will not use a camera, mobile phone or other mobile device on club premises.
- I acknowledge that I have received and read a copy of Brains and Games **Parent / Carer Handbook** and accept the Policies and Procedures which are available for my inspection at any time.

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

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

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

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

The information collected on this form is used to help us provide our services and ensure the safety of your child. Our legal basis for processing this data is that the processing is necessary for the performance of the contract we have with you to provide our services and it is in the vital interest of your child. In addition, the processing of the medical details supplied to us on this form is necessary for the purposes of treatment should your child should fall ill in our care. The data collected will not be used for any other purpose and will not be shared with any third parties. If you require further information on how we look after your data or what rights you have, please read our Privacy Policy which can be requested at any time.

**To return forms either: 1) drop at the school reception; or 2) scan a copy of all pages and e-mail to [burleigh@brainsandgames.co.uk](mailto:burleigh@brainsandgames.co.uk). If 2), please also retain a hard copy and hand in to the school reception or club on first attendance.**

***Office use only: Date Processed:*** \_\_\_\_\_

***Staff Initial:*** \_\_\_\_\_

***All health records, management plans, court orders and other documentation have been sighted where applicable Staff Initial:*** \_\_\_\_\_