|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Forename(s)** |  | | **Child’s Surname** | |  | | |
| Date of Birth |  | | Gender | |  | | |
| Year Group |  | | Teacher | |  | | |
| Child’s Religion |  | | First Language | |  | | |
| Ethnicity |  | | Additional Languages | |  | | |
|  | | | | | | | |
| **Parent/Carer Name** |  | | **Parental Responsibility?** | |  | | |
| Home Address |  | | | | | | |
| Home Number |  | | Mobile Number | |  | | |
| Marital Status |  | | Other Children in Household | |  | | |
| Home Language |  | | Additional Languages | |  | | |
| Religion |  | | Ethnicity | |  | | |
|  | | | | | | | |
| **Parent/Carer Name** |  | | **Parental Responsibility?** | |  | | |
| Home Address |  | | | | | | |
| Home Number |  | | Mobile Number | |  | | |
| Marital Status |  | | Other Children in Household | |  | | |
| Home Language |  | | Additional Languages | |  | | |
| Religion |  | | Ethnicity | |  | | |
|  | | | | | | | |
| **Health Visitor** |  | | **Telephone Number** | |  | | |
|  | | | | | | | |
| **Doctors Name** |  | | | | | | |
| Surgery Address |  | | Telephone Number | |  | | |
| Child Immunisations | Are immunisations UpToDate? | | | | | | |
| Child  Allergies | Any Known Allergies? | | | | | | |
| Child Dietary Requirements | Any Dietary Requirements? | | | | | | |
| Child Medical Conditions | Any Pre-existing Medical Conditions?  Any Prescribed Medicines needed?  (See Health policy) | | | | | | |
| Other Agencies involved | EG Social Services, Speech Therapy | | | | | | |
| **Secure Collection Details** | | | | | | | |
| We only allow authorised adults listed below to collect your child from After School Club (must be over 16 years old) By completing the Collection details, you are consenting for George Street ASC to release your child into their care. The named representatives will receive information relevant to your child.  **We will not allow your child to be collected by anyone not listed below unless you inform us.** | | | | | | | |
|  | | | | | | | |
| Forename | Surname | Address | | | Relationship to child | | Contact Number |
|  |  |  | | |  | |  |
|  | | | | | | | |
| Forename | Surname | Address | | | Relationship to child | | Contact Number |
|  |  |  | | |  | |  |
|  | | | | | | | |
| Forename | Surname | Address | | | Relationship to child | | Contact Number |
|  |  |  | | |  | |  |
|  | | | | | | | |
| Forename | Surname | Address | | | Relationship to child | | Contact Number |
|  |  |  | | |  | |  |
|  | | | | | | | |
| **Emergency Contact Details** | | | | | | | |
| Please give details of who we can contact in an emergency if unable to contact parents.  (must be over 16 years old) | | | | | | | |
|  | | | | | | | |
| Forename | Surname | Address | | | Relationship to child | | Contact Number |
|  |  |  | | |  | |  |
|  | | | | | | | |
| Forename | Surname | Address | | | Relationship to child | | Contact Number |
|  |  |  | | |  | |  |
|  | | | | | | | |
| Forename | Surname | Address | | | Relationship to child | | Contact Number |
|  |  |  | | |  | |  |
|  | | | | | | | |
| Forename | Surname | Address | | | Relationship to child | | Contact Number |
|  |  |  | | |  | |  |
|  | | | | | | | |
| **Attendance Details** | | | | | | | |
| Agreement to start on |  | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Monday | Tuesday | Wednesday | Thursday | Friday | Fees | | AfterSchool Club | | | | | | | | 3:15-5:30 |  |  |  |  |  |  | | **£15.00 per session Total Fees** | | | | | |  | | | | | | | | |
|  | | | | | | | |
| **Policies** | | | | | | | |
| George Street ASC has adopted policies on the following to allow us to offer the best possible standards.  The Policies, together with this form and the Parent Handbook form part of your contract.  These Policies are kept onsite and available by request. | | | | | | | |
| * Accidents, Incidents & Injuries | | * Parental involvement | | | * Fees and Finance policy | | |
| * Behavior Management | | * Selecting Equipment and Toys | | | * Health and Medication | | |
| * Comments, Compliments and Complaints | | * Sun Protection | | | * Lost child/failure to collect | | |
| * Dietary | | * Toileting & nappy-changing | | | * Outings | | |
| * Environmental Awareness | | * Admissions | | | * Safety | | |
| * Fire Policy | | * Child Protection | | | * Special Needs | | |
| * Hygiene | | * Confidentiality | | | * Student Placement | | |
| * No Smoking | | * Equal Opportunities | | | * Transitions | | |
|  | |  | | |  | | |
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| **Consent Information** | | | | | | | |
| Do you give George Street ASC permission to: | | | | | Please Circle: | | |
|  | | | | | | | |
| Administer First Aid | | |  | YES | | NO | |
|  | | | | | | | |
| Seek Medical Advice For your Child | | |  | YES | | NO | |
|  | | | | | | | |
| Take your Child on local outings | | |  | YES | | NO | |
|  | | | | | | | |
| Take Photographs of your child for our records | | |  | YES | | NO | |
|  | | | | | | | |
| Hold Personal Information Both Physically and Electronically (See Privacy Policy) | | |  | YES | | NO | |
|  | | | | | | | |
|  | | | | | | | |
| **Additional Information** | | | | | | | |
| Any Other Information we should know about your child? | Please State: | | | | | | |
| **Contract** | | | | | | | |
| **Payment of Fees** | | | | | | | |
| Payment of fees to George Street ASC shall be made by the parent/carer **in advance.** | | | | | | | |
| **The sum of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be paid (Please circle below)** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | Checkmark | Bank Transfer weekly on the first day of attendance | | |  | | |
|  | | | | | | | |
|  | Checkmark | Bank Transfer monthly on the first day of attendance | | |  | | |
|  | | | | | | | |
|  | | | | | | | |
| **If your child is away for any reason fees must still be paid.** | | | | | | | |
|  | | | | | | | |
| We reserve the right to refuse entry to group if fees are outstanding  We reserve the right to add a **Late Payment Charge of £10 per week on unpaid fees.**  If at any time you wish to cancel your child’s place with us we ask for **two weeks’ notice.**  Fees will be payable during this period.  If the payment of Fees referred to above shall be outstanding for more than fourteen days, we may serve notice of termination of this contract.  Upon termination of this contract the child shall cease forthwith to be admitted to group.  The notice to terminate shall be regarded as formal payment for all outstanding monies.  George Street ASC reserve the right to increase fees at any time upon giving one calendar months written notice of the proposed increase to the parent/carer. | | | | | | | |
|  | | | | | | | |
| Please Sign and Date this contract and state relationship to Child | | | | | | | |
|  | | | | | | | |
| Signed: | | Date: | | | Relationship: | | |
|  | | | | | | | |
| Office Use Only | | | | | | | |
| Completed on behalf of  George Street ASC by: | | Name: | | | Job Title: | | |
|  | | | | | | | |
| Data entered by: | | Name: | | | Job Title: | | |