



REGISTRATION FORM

Thank you for enquiring to register your child with the Cool Kids Club Out of Hours care. We have put this guidance together to help you understand and complete the questions we have to ask you.

We are registered with Ofsted, which is a governing body that inspects us; we must have a FULLY completed form for each child that attends our setting. At any time, a member of staff is available to talk to you about anything to do with the breakfast and after school club or your child. Our aim is to support you and your child by providing a safe, happy and caring environment where your child will grow in confidence and knowledge.

Guidance on completing the registration form for Cool Kids Club:

We need the questions to be answered in full as part of our duty to safeguard children and therefore ask that you read the below text so that you can answer the questions to the best of your knowledge. Please note, all parts of this form are mandatory data collection except for the final "All About Me" page which is voluntary but will help us to get to know your child(ren) better.

What is Parental Responsibility?

Parental Responsibility (PR) means having the right and responsibility to make important decisions in the life of a child.

Who has Parental Responsibility?

- Child's birth mother always has PR. She can lose it if someone else adopts her child.
- The child's father if he was married to the mother when the child was born.
- People who have the court grant them PR
- A step-parent who adopts the child

The situation for unmarried fathers' is more complicated and depends on when the child was born. If the child was born before December 2003 unmarried fathers can get PR by:

- Marrying the mother of the child
- Registering a PR agreement with the court

For children born after December 2003 (in addition to the methods above)

- Registering the child's birth jointly with the mother

Which parent or carer does the child normally live with?

This is who the child lives with most of the time.

Who else lives in the house with this child?

This could be a partner, other siblings or other family members.

Other significant members of the child who does not live with them?

A boyfriend or girlfriend, step family, aunty or uncles etc.

Who has legal contact with the child?

Key agencies working with your child or family/ This could be a paediatrician, speech & language therapist, social services, parent support workers, CHAMS, any other professional.

- Please complete the emergency details with two other contacts other than the main two, this is so we have as many people to contact in an emergency as possible, if we cannot get hold of the main carers.
- It is important that you provide us with any medical conditions, special needs or dietary or allergy requirements that your child might have so that we can cater for their individual needs.
- Please sign and date where it states "I give permission for my child to receive medical treatment and advice in an emergency and to the administration of any supportive drugs". We will need this in case of an emergency if we need to take your child to hospital.
- Please provide a collection password, just in case another relative comes to collect who we may not recognise.
- If your child is subject to a court order please attach a copy to this application
- We will also need to see a bill, driving licence of something else with proof of address.

Safeguarding Children Policy and Procedure

All adults associated with this organization are committed to this statement. Anyone using the services of Cool Kids Club or Ladybirds will also accept these principles. Where safeguarding concerns are raised the advice of professional agencies will be sought with or without parent. Our designated safeguarding co-ordinator is Victoria Huggins (Chair) although all staff undertake Safeguarding training.

- Injuries noticed on children arriving at the setting (whether from home, another setting, or school) will be recorded, discussed and action decided upon.
- Injuries noticed during the session will be recorded, discussed and action decided upon.
- Third party information received will be taken seriously, recorded, discussed and action decided upon.
- Injuries which occur during the session will be dealt with, recorded and reported to parents/carers on collection of their child unless:
 - the injury requires we contact the parent/carer immediately.
- Where concerns arise outside the skills or knowledge of our staff the advice of outside agencies will be sought

Cool Kids Club Children's Information Form



Child's Full Name:		
DOB:	Religion:	School class:
Gender:	Ethnicity:	Language:
Bill payers name: Is this the primary contact person? YES/NO		Primary (if different to bill payer)/Secondary Contact Name:
Relationship to child:		Relationship to child:
Address:		Address:
Postcode:		Postcode:
Tel Number:		Tel Number:
Place of work:		Place of work:
Work Tel Number:		Work Tel Number:
Email:		Email:
Please provide a collection password		
Which parent or carer does the child normally live with?		
Who else lives in the house with the child?		
Other significant members of the child who does not live with them?		
Who has parental responsibility?		
Who has legal contact with the child?		
Any key agencies working with your child or family?		

Emergency Contact Details (Please complete this section with details other than the 2 previously noted. Please state which person is the secondary contact if not noted previously)

Name	Address and postcode	Telephone and email	Relationship to child
		W: M: H: @:	
		W: M: H: @:	

Medical Details

Doctor's Name:	Does your child have a medical condition that will require any of the following? (please tick) Specialist medication Specialist treatment? Does your child have any known allergies? Other medical conditions?
Telephone number:	
Practice Name Practice Address:	
Postcode:	
Please provide details if you have ticked yes to any of the above:	
Does your child have any dietary requirements, preferences or food allergies? Please provide details	
Does your child have any special needs?	
Does your child have any special health requirements?	
I give permission for my child to receive medical treatment in an emergency and to the administration of any supportive drugs.	
Signed Date	

Parental Agreements

The use of photographs is an important development tool, which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Cool Kids Club, we take 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:	
Electronic and printed information, displays and exhibitions at the club	Club Records of my child
Observation and assessment	Local newspaper or magazines
<p>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 also understand that this image will NOT be used for anything which may be viewed as negative intone or that may cause offence, embarrassment or distress for the child or their parent/carer. I understand that there will be no payment for my child's participation.</p> <p>Signature..... Date.....</p>	
<p>In all activities (as indeed in all aspects of life), there is a small chance that a child may have an accident. The club will take all reasonable steps to minimize the possibility of children getting hurt, but it is impossible to anticipate every eventuality.</p> <p>On occasions, we may plan more unusual activities, in which case we may feel necessary to seek your permission. Having read and understood the above, I give permission for my child to participate in all club activities.</p> <p>YES/NO</p> <p>Signature..... Date.....</p>	
If NO, what activities do you NOT wish your child to participate in?	
<p>I confirm my child has no allergies to plasters and I consent to plasters being used for minor cuts and abrasions. YES/NO</p> <p>Signature Date.....</p>	
<p>I consent to my child having sun-cream applied at the club/applying their own sun-cream at the club. YES/NO</p> <p>Signature Date.....</p>	

Other Details

Name and relationship of people who have legal contact so CAN collect your child
1.
2.
3.
4.

Parent/Carer Signature:

Date:

Emergency Medical Treatment Form

Child's Name:

Date of birth:

Doctor's Name:

Doctor's Address:

Doctor's phone number:

Any other relevant information:

Parent/Carer's Name:

Address:

.....

Emergency Contact number:

Child's Medical Number (NHS):

In the event that my child is involved in a serious incident while at Cool Kids Club, I expect the Leader or designated member of staff, to contact me immediately on the above emergency contact number.

In the event that my child requires immediate medical treatment before I will be able to get to the hospital, I hereby authorise the Leader, or designated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Leader to withdraw it.

Signature of Parent/Carer:

Date:



All About Me (not mandatory)

The aim of this sheet is to ensure all relevant information about your individual needs and wishes are recorded which will be shared with all the staff to ensure that your time at Cool Kids Club will be a happy time.

Full Name:

Like to be called:

When you were born:

Address:

Other people living in my house:

Any pets:

My pet is called:

My favourite indoor activities are:

My favourite outdoor activities are: