

**Busy Bodies out of School club**

**Registration form**

**IMPORTANT**

**PLEASE PROVIDE A PHOTO ID OF ALL FAMILY MEMBERS WHO ARE AUTHORISED TO COLLECT YOUR CHILD**

**CHILDS DETAILS**

**NAME OF CHILD** (and any other name by which your child is known or prefers to be called)

………………………………………………………………………………………………………………………………………………………….

**Class**……………………………………………….

**DATE OF BIRTH**………………………………**ETHNIC ORIGIN**……………………………**RELIGION**…………

**CHILD’S FIRST LANGUAGE**………………………………….

**DISABLED(Y/N)** ………………… **ACCESS REQUIRED** (Please specify)…………………………………

**PARENT/CARERS NAME…………………………………………………………………………………………………………………………**

**NAME APPEARING ON YOUR PAYMENT CHEQUES IF DIFFERENT FROM ANY OF ABOVE.**

**………………………………………………………………………………………………………………………………………………………..**

**DAYS YOUR CHILD WISH TO ATTEND**

Please indicate which sessions you require for your child and evening collection time.

**MON (a.m/p.m) TUES (a.m/pm) WED (a.m/p.m) Thurs (a.m/p.m) Fri (a.m/p.m)**

Collection time…………………………approximately.

**MEDICAL INFORMATION**

*Kindly also complete the individual Dietary and Medical form attached*

**IMPORTANT MEDICAL INFORMATION** e.g. allergies etc**…………………………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………………………..**

NAME, ADDRESS AND TELPHONE NUMBER OF CHILDS DOCTOR and HEALTH VISITOR

**……………………………………………………………………………………………………………………………………………………………..**

**Does your child have any contact with other Health Professionals, Social Services,**

**SENCO, Family Support Workers etc Please indicate below giving names and addresses**

**……………………………………………………………………………………………………………………………………………………………..**

DIETARY REQUIREMENTS………………………………………………………………………………………

**PARENT/CARERS DETAILS**

COULD ALL OUR PARENT(S) CARER(S) KINDLY PROVIDE A PHOTOGRAPH OF THEMSELVES FOR THE PURPOSE OF SECURITY IDENTIFICATION IN THE FUTURE.

*Parents must also complete the Parental Responsibility from attached.*

**NAME OF PARENT(S)/CARER………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………………………….**

HOME ADDRESS……………………………………………………………………………………………………………………………..

 …………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………Home Tel……………………………………………

**MOBILE NUMBERS**

**1st Parent Carer……………………………………………………………………………………………………………………………………………………………….**

**2nd Parent Carer…………………………………………………………………………………………………………………………………………………………………**

**OTHER……………………………………………………………………………………………………………………………………………………………**

**WORK ADDRESS &**  **TELEPHONE NUMBERS………………………………………………………………………………………………………………**

**EMERGENCY CONTACTS**

**ANY PERSON WHO YOU HAVE AUTHORISED TO COLLECT YOUR CHILD MUST PRODUCE A PHOTO ID OF THEMSELVES WHEN COLLECTING THANK YOU**

1) NAME………………………………………….RELATIONSHIP TO CHILD………………………………………………

TELEPHONE NUMBER……………………………………………………………………………………………………………………..

1. NAME………………………………………..RELATIONSHIP TO CHILD………………………………………………

TELEPHONE NUMBER……………………………………………………………………………………………………………………..

**PERSONS AUTHORISED TO PICK UP CHILD**

**Parents must keep this list up-to-date**

1)NAME…………………………………………RELATIONSHIP TO CHILD …………………………………………………

TELEPHONE NUMBER………………………………………………………………………………………………………………………

2)NAME…………………………………………..RELATIONSHIP TO CHILD………………………………………………..

TELEPHONE NUMBER……………………………………………………………………………………………………………………….

**ANY OTHER INFORMATION IN SUPPORT OF MY APPLICATION**

**……………………………………………………………………………………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………………………………………………………..**

**CONSENT’S**

**USE OF PHOTOPRAPHS**

**On** o**ccasions, we may like to use a photograph of your child taking part in play activities at the club, or out on a trip. This would ONLY be for the purpose of evidence for Good Practice Awards and or Quality Marks. We will NOT use any photographs other than for this purpose unless we ask your written permission first**.

* **I DO /DO NOT AGREE TO USE OF PHOTOGRAPHS AS STATED ABOVE.**

**We also seek permission to use photographs of your child on our school web site.**

* **I DO / DO NOT AGREE TO THE USE OF PHOTOGRAPHS ON SCHOOL WEB SITE AS STATED ABOVE**

**MEDICAL**

**I, GIVE MY CONSENT TO MY CHILD, RECEIVING ANY MEDICAL TREATMENT, WHICH IS URGENTLY NECESSARY.**

**PLEASE FURTHER NOTE THAT ANY MEDICINES MUST BE PRESCRIBED FROM A G.P WITH CLEAR INSTRUCTIONS A PHOTOGRAPH OF YOUR CHILD AND A LETTER OF PERMISSION FROM YOURSELF. WHEN EVER POSSIBLE PARENTS SHOULD DO THEIR BEST TO ADMINISTER PRECRIBED MEDICINES THEMSELVES BEFORE/AFTER ATTENDANCE AT BUSY BODIES**

**SIGNED (Parent or Carer) …………………………………………….Dated………………………………….**

**PARENTS RE; CHILD PROTECTION**

**I have been made aware, and understand that any member of staff, who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to their Line Manager, who will act on this information and report allegations to the official authorities immediately. All staff are trained in Child Protection issues.**

**SIGNED (Parent or Carer) ……………………………………………..Dated………………………………………….**

**Complaints**

**Busy Bodies aim to provide an excellent standard of care for our families. Should you be unhappy with the service we provide please do not hesitate to speak to the MANAGER and or write to the Head Teacher who will look into any complaint within 7 working days and respond in writing within 20 days.**

**If you remain unhappy with the way your complaint has been dealt with you can contact OFSTED on**

**0300 123 1231. ALL DETAILS ARE ALSO DISPLAYED ON OUR PARENTS BOARD OPPOSITE OUR RECEPTION DESK. Reg No 103341**

**Thank you.**

**BUSY BODIES OSC**

**BOLDMERE JUNIOR SCHOOL**

**COFIELD ROAD**

**BOLDMERE**

**SUTTON COLDFIELD**

**B73 5SD**

**Tel 464 1343**

**OFSTED 103341 sept 2013**

**Head Teacher Mr Carl Glasgow**

**Manager Wendy Halfpenny**

**Dept Co-ordinator Kerema Hyatt**

**DON’T FOR GET YOUR PHOTO ID THANK YOU**

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**BOLDMERE BUSY BODIES CLUB**

Hours of Care:

7.45a.m. - 9.00 a.m.

1. P.m. - 6.00 p.m

**PARENT’S CONTRACT FORM**

I agree to support the Busy Bodies Code of Conduct.

I agree to bring and collect my child at the specified times.

I agree to comply with theupdated **Busy Bodies charging policy 2017 attached herewith**.

I understand that refunds will NOT be given for any reason other than specified on the charging policy as Busy Bodies is a not for profit organisation.

I agree to bring my child into the club on arrival in the morning, and understand that he/she will be supervised to school and back to the club for the afternoon session by Busy Bodies members of staff.

I agree to nominate the person who is to collect my child and will inform the Manager or Deputy Co-ordinator if there are any changes.

I understand and agree that the days/hours first requested when registering my child with the club must be maintained for at least the first half term without any reduction in these said hours.

I understand that children must attend regularly being at least once per week unless specific arrangements have been agreed in writing with the Manager.

If Busy Bodies staff become aware of any parent giving false information when claiming childcare fees, they have the right to inform the authorities.

I understand that failure to fulfil the contract may forfeit my child’s place at Busy Bodies.

(If you have any concerns over the above policy do please approach either the Manager or Deputy Co-ordinator.)

Signed: Date:

Child’s name Class: