



Admissions & Attendance Form

Registration Form

REGISTRATION FORM - fields marked with an * are required

Child Details

This information will be used to create a Child Record.

Your Child's School *

Date of Birth (dd/mm/yyyy) *

Child's Full Name (from birth certificate) *

Gender (G/B/N)

Likes to be called

Home Postal Address *

First Spoken Language

Postcode *

Second Language

Collection Password

Authorised Adults : Parents can provide us with the name of alternative adults who may collect their child. Please notify us in writing and use the collection password above.

Parent Details

For those with parental responsibility, this information will be stored with your Child's Record.

Parental Role

(Mother/Father/Parental responsibility)

Parental Role 2

Name (1) *

Name (2)

Address (1) *

Address (2)

Phone (Mobile)*

Phone (2)

Phone (Home/Work)*

Secondary E-mail

Primary E-mail (1) *

Your name and Primary E-mail address will be used to email you with invoices, information, newsletters and to produce surveys. You may ask for printed copies.

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School Information Sharing Consent

School's Out routinely shares information with your child's school teachers on collection and drop-off. For children in the Foundation/Reception class this will also include observations and photographs of their learning, development and wellbeing to be added to school records and shared with you. We must have your consent before we can accept your child into School's Out.

Information Sharing Accepted *

Parent Signature

Health

School's Out has a legal obligation to take all necessary steps to keep children safe, well and to promote the good health of all children attending the setting. The information below will enable us to meet the individual needs of your child.

Doctor/Surgery Name *

Special Dietary Requirements (i.e. dairy free)

Phone *

Food Preferences (i.e. vegetarian)

Current Medication

Allergies (i.e. peanuts, plasters)

Special Health Requirements (i.e. asthma)

Treatment in the event of allergic reaction

Education and Health Care Plan details

Emergency Medical Consent

"I give authorisation to act on my behalf in a case of emergency; if there is a situation where my child needs urgent medical treatment and I am unavailable, a member of staff from School's Out may sign any consent forms necessary for treatment on my behalf."

Medical Consent Provided *

Parent Signature

Child Full Name

Date

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Booking

Please choose the sessions you require on a regular (contracted) basis.

Breakfast from 7:30 am

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

After School until 6pm

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Breakfast Sessions £6.50

After School Sessions £16.00

Booking Start Date * (dd/mm/yyyy)

You may change or cancel this booking by providing 6 weeks' notice in writing to the setting Manager.

Terms and Conditions of Booking

By adding your name and sending this form you acknowledge that you have read and understood the **Terms and Conditions** and agree to abide by them.

Completing and sending this form does not form a contract, the details entered indicate your requirements. School's Out will confirm your booking with an emailed invoice for deposit payment via www.sageone.com. Payment must be made by the due date on the invoice when the contract becomes binding.

Terms and Conditions Accepted *

Parent Signature

Child Full Name

Date

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Photographic Consent

At School's Out photographs are used as a valuable tool to celebrate your child's experiences and achievements. We commit to:

- 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.
- Images will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent/carer.
- There will be no payment for my child's participation.
- Consent may be changed or withdrawn at any time, please resubmit this form and notify the setting Manager.

As the parent/carer of the child named above, I grant permission for images of my child to be used for the following purposes (please tick as appropriate):

Use within school activities

Promotional materials and website

Child Full Name

Parent Signature

Date

Privacy Notice *

At School's Out our lawful basis for processing the personal information relating to you and your child is for compliance with a legal obligation. Our legal obligations are set out by the Childcare Act, 2006 and further detailed by the Statutory Framework for the Early Years Foundation Stage. Please read further information in our **Privacy Notice**.

Privacy Notice Accepted *

Child Full Name

Parent Signature

Date