



Registration Form:

PART 1: INFORMATION ABOUT YOUR CHILD/CHILDREN

First name: (child 1) _____ Surname: _____

First name: (child 2) _____ Surname: _____

Ethnicity of Child: ☐ European inc UK born, ☐ Afro Caribbean inc UK born, ☐ Asian inc UK born, ☐ Other
please specify: _____

Religion: _____ Language Spoken: _____

Gender: 1st Child: Male/ Female Date of Birth: ____/____/____ 2nd Child: Male/Female Date of Birth: ____/____/____

Name Parent/Carer 1: _____ Address: _____

_____ Email: _____

Home Tel: _____ Mobile: _____ Work: _____

Work Address Parent/Carer 1: _____

Name Parent/Carer 2: _____ Email: _____

Mobile Tel: _____ Home: _____ Work: _____

Emergency Contact Name: _____ (Must be someone other than parent/carers)

Emergency Contact Tel No: _____ Address: _____

_____ Collection password: _____

Relationship of Child to Emergency Contact _____ (e.g. grandparent/childminder,)

Child's Doctor _____ Surgery Address: _____

_____ Tel No: _____

Record of Immunizations

Is there Breakfast/After School Club staff should know about your child/children?

1) Does he/she have special needs? **YES / NO**

2) Does he/she have a behavioural difficulty? **YES / NO**

3) Other (e.g. language/personal information) _____

Does your child any allergies or medical conditions? **YES / NO** (inc plasters/nuts etc.)

IF YES please tell us about it:

(If you need to use additional paper)

Are there any dietary needs: **YES / NO**

If YES what are they? _____

(Please keep us updated of any changes to the above information)

PART 3: ACTIVITIES (DELETE AS APPROPRIATE)

Are there any activities, which you do NOT wish your child/children to take part in? **YES / NO**

If yes, please state: _____

Consent for child/children to have their photo taken or be interviewed for publicity/media events? **Yes/No**

PART 2: DROPPING OFF & PICKING UP ARRANGEMENTS FOR YOUR CHILD

BC: Your child/children should be dropped off by a suitable adult and signed in.

(Unless other arrangements have been agreed by parents and staff.)

ASC: Your child/children should be collected by a named adult, if anyone collecting your child/children is not named/or unknown to staff they will be asked for the password. Unless staff have been informed by the parent/carer of who will be collecting their child/children. Older children can sign themselves out if written permission has been provided by parent/guardian.

PART 4: CONTRACTED PLACES, GOLDEN HOUR and AD-HOC PLACES:

AD-HOC ALLOCATED PLACES: PLEASE DO NOT ASSUME YOUR CHILD HAS AN AD-HOC PLACE AT **BC & ASC** BECAUSE THEY ARE REGISTERED AS AD-HOC. AD-HOC PLACES ARE ALLOCATED ON A DAILY BASIS ACCORDING TO OUR NUMBERS. YOUR CHILD WILL ONLY HAVE AN AD-HOC PLACE WHEN STAFF HAVE BEEN CONTACTED BY PARENT/CARER IN ADVANCE. IF A CHILD TURNS UP WITHOUT OUR KNOWLEDGE, WE MAY NOT BE ABLE TO TAKE RESPONSIBILITY FOR THEM AS WE HAVE TO ADHERE TO STRICT RATIO REQUIREMENTS.

(Please note child/children attending the same Ad-hoc sessions for 4 weeks will automatically be put on a contract. See contracted places below. An email will be sent to parents/Carers to notify them of the change.)

CONTRACTED PLACES: WITH CONTRACTED PLACES YOUR CHILD IS GUARANTEED A PLACE ON THE DAYS YOU HAVE REQUESTED. PAYMENT IN DUE IN ADVANCE OR TWO WEEKS AFTER RECEIPT OF INVOICE. YOU WILL STILL BE CHARGED FOR ANY UNATTENDED SESSIONS WHETHER THROUGH ILLNESS OR CHOICE

EG: OUT OF TERM HOLIDAYS ETC. (please give 4 weeks' notice in writing if you no longer need this service) GOLDEN HOUR SESSION ARE AVAILABLE FOR THE 1st HOUR AFTER SCHOOL FINISHES. (available as ad-hoc or contracted places, Late collection will be charged at full session rate)

I have read and understand the terms and booking conditions on this form, I give my permission for my child/children to attend **BC & ASC**. I give my permission for first aid to be administered including the use of plasters and/or any emergency treatment that is deemed necessary by first aiders and/or experienced medical professionals. I understand that Staff at **BC & ASC** May liaise with relevant agencies including my child's school in to provide a better service. I understand that my child should abide by the code of conduct whilst in attendance at **BC & ASC**

(By signing this form, you are entering into a contract.)

Signature of Parent/Carer _____ Date. _____

Name of Parent/Carer (please print): _____

PLEASE RETURN TO **BC & ASC**.

Please indicate session basis required: **AD-HOC** **GOLDEN HOUR** **CONTRACTED** (blue Please circle days required)

<u>Breakfast Club:</u>	Monday	Tuesday	Wednesday	Thursday	Friday
<u>After School Club:</u>	Monday	Tuesday	Wednesday	Thursday	Friday

(For Office Use only please)

(DO NOT COMPLETE)

I agree that the above information is up to date at the time of signing below,

Signed: _____ Print: _____ Date ____/____/____

No Debt Policy

Dear Parents/Guardian

Here at **BC + ASC** We have a strict No Debt policy. We are a cashless and paperless setting in line with the school policy. Payments are to be made via Parent Pay. Contracted places at **BC + ASC** are to be paid in advance or two weeks after receipt of invoice. Invoices are sent out via email the last week of month. (Please note AD-HOC places are invoiced separately)

- If your payment is late you will receive a reminder via email.
- If you are having trouble paying your bill, please speak to Donna (BC & ASC Co-Ordinator)
- If you do not pay your bill on time your child/children could lose their place at

Breakfast /After School Club

If your account is in arrears and you have not discussed the issue with the appropriate person i.e. Donna or Executive Head of the school further legal action could be taken.

If your child/children will be attending **BC + ASC** on an Ad-Hoc basis you will be invoiced weekly for the session/session's.

(Please note this means you will be invoiced the week after your child has attended.)

If your child/children attend Ad-Hoc sessions the above bullet points still apply.

I confirm that I have read the terms and conditions of No Debt policy and agree to abide by them.

Signed: _____ Print: _____

Parent/Guardian of:

Child's name: _____ Class: _____

For some Pupil Premium information P.T.O

Your child may qualify for Pupil Premium (PP) funding, which could fund you a place at Breakfast or After School Club if you get any of the following:

- Income Support
- Jobseeker's Allowance (Income Based)
- Employment Support Allowance (Income Related)
- Child Tax Credit (but not Working Tax Credit) and your annual gross income (as assessed by Her Majesty's Revenue and Customs) is not more than £16,190
- Working Tax Credit Run-on — paid for four weeks after you stop qualifying for Working Tax Credit
- Universal Credit
- Support under part six of the Immigration and Asylum Act 1999
- The guaranteed element of Pension Credit

If your child does qualify for Pupil Premium but does not want a meal, please do still apply as the Pupil Premium they are entitled to will help fund other aspects of their school life such as trips, outings, workshops etc. You can register online or phone your local council. It is simple to apply and the school office can give you a leaflet to advise you further.



General Consent Form



Dear Parent/Carer,

During your child's time at **BC & ASC** we hope they will enjoy all the fun games, craft, and sport we encourage them to take part in. However, for some of the Activities and for First Aid treatment, we will need your consent. Please complete the form below.

Yours sincerely

Donna Wilson-Marlow (Breakfast & After School Club Co-ordinator)

BC & ASC

I am happy for my Child/Children too.... Have First Aid Treatment: Yes/No

(including administering plasters, cold pads and water for cleaning.) If no, please State why: _____

Watch PG Films: Yes / No

Play Water Games: Yes / No

Face Painting: Yes / No

Xbox/Wii: Yes / No (Please note all Xbox/Wii Games are for 7yrs & under.)

(Please Delete appropriate answer)

Signed _____ Print _____ Parent/Guardian

Abbey Primary Breakfast and After School Club, Abbey Primary School,
Glastonbury Road,
Morden, SM4 6NY

Tel: 020 8254 0871

Email: dwilson@abbey.sutton.sch.uk



Emergency Treatment Consent



In the unlikely event that your child may need hospital treatment (if injury is time sensitive). BC & ASC Staff will need parental permission to be able to authorise treatment on your behalf. Please note, BC & ASC Staff will continue to try and contact parents or emergency contacts until someone has been contacted.

Please complete the form below

IN THE EVENT OF AN EMERGENCY IF I CANNOT BE CONTACTED (Including Emergency Contacts)

I give full permission for my child to be taken to hospital and I permit the hospital to administer any medical treatment, as necessary.

Child's name _____ Date of Birth ____/____/____

Parent sign _____ Print _____

Other information:

Doctor's Name _____ Surgery Address _____

Telephone No _____

Child's Health Information:

Any known allergies _____

Any other information for doctor _____

Emergency contact _____ Relationship to child _____

Telephone No _____ Mobile No _____

THIS CONSENT FORM COVERS THE DURATION OF MY CHILD'S ATTENDANCE AT ABBEY PRIMARY BREAKFAST AND AFTER SCHOOL CLUB.

For Breakfast and after school club use only.

Sign _____ Print _____ Date _____

This form is to be taken to the hospital.