**Registration Form**

**Please complete each section on these forms correctly and send to:**

Bear Pak

Fairfield Primary School

Dryden Road

Penarth

CF64 2RT

enquiries@bearpak.co.uk

**How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

All children who attend must be registered with the club. Children are collected to and from school during term time and escorted safely to and from the club until collected by a named adult.

|  |  |
| --- | --- |
| **Child’s name:** |  |
| **Address:** | **Postcode:** |
| **Gender:** |  |
| **Date of Birth:** |  |
| **School/Nursery Attended including session times:** |  |

**Parent/Guardian Contact details**

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian 1 (Mum/Dad/Other)** | **Name:** |  |
| **Mobile:** |  |
| **Work:** |  |
| **E-mail:** |  |
| **Parent/Guardian 2****(Mum/Dad/Other)** | **Name:** |  |
| **Mobile:** |  |
| **Work:** |  |
| **E-mail** |  |
| **Home/Other:** |  |

**Doctors Details**

|  |  |
| --- | --- |
| **Name of Doctor/Surgery:** |  |
| **Address (including postcode):** |  |
| **Telephone Number:** |  |

**Individual and Specific Requirements**

|  |  |
| --- | --- |
| **Does your child have any known medical issues or special needs?** |  |
| **Does your child have any known allergies or dietary requirements?** |  |
| **Does your child have any dislikes? E.g certain foods or materials?** |  |
| **Child’s religion:** |  |

**Collection Arrangements**

Your child will only be allowed to leave with the named persons on this form. Please give details of persons who will be collecting your children and a password for them to use.

**PASSWORD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Person 1:** | **Name:** |  |
| **Relationship to the child:** |  |
| **Telephone Number:** |  |
| **Person 2:** | **Name:** |  |
| **Relationship to the child:** |  |
| **Telephone Number:** |  |
| **Person 3:** | **Name:** |  |
| **Relationship to the child:** |  |
| **Telephone Number:** |  |

**Emergency Contact (Other than yourself)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to the Child:** |  |
| **Telephone Number:** |  |

**Any further information:**

|  |
| --- |
|  |

**SESSIONS**

**Which days would you like your child to attend Bear Pak?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | AM | PM (until 3.30pm) | After School club (3.30pm-4.30pm/6.00pm/6.30pm) |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

Additional details (e.g times of collection and pick ups):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When would you like your child to start at the club? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm that the information given on this form is correct to the best of my knowledge:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/CLUB CONTRACT**

**We agree:**

* To ensure that all children registered for a particular day are collected from and taken to school at the designated time.
* To check on any child who is absent from school but registered with the club for that day.
* To make sure that an authorised adult collects the child at the end of the session.
* To treat your child as an individual and to make every effort to meet their needs.
* To provide a fun, secure and friendly environment.
* To abide by the rules as laid down in all our policies and procedures.
* To provide a full copy of the policies and procedures for your perusal at the club.

**You agree:**

* To ensure that your child is collected on time by the end of the session. There is a penalty payment for late collection which is clearly displayed on the club notice board.
* To ensure that all the fees are paid in advance and to give us a minimum of one month’s paid notice when you decide to cancel your child’s place at the club.
* To inform Bear Pak in advance, if your child will not be attending the club on a day when she/he is registered. This includes advice re inset days, sickness, holidays, party attendance or alternative collection arranged by you.
* To inform Bear Pak if an adult other than those named on the registration form is to collect your child on any day and to inform a senior member of staff of a personal password which can be kept on record for when you need someone else other than those named on your child’s registration form to collect your child.
* To keep the Club Leader (person in charge) informed of any relevant changes in family or child circumstances e.g. change of address, telephone numbers, doctor, health problems and anything that could affect the child`s behaviour, e.g. divorce/separation.
* To treat staff how you wish to be treated.
* To encourage your child to adhere to the basic rules of our club.
* To give permission for your child to be escorted to the club either walking or in a car with either one or more members of staff.
* To give permission for Bear Pak to collect and process non-statutory information about your child such as the name of your child’s GP, interests, likes and dislikes etc, as well as sensitive classes of information including your child’s racial or ethnic origin, religious or other beliefs, and physical or mental health details. This information will be kept confidential.

**We reserve the right to exclude any child from the Bear Pak Club should any of the above not be met.**

**I have read and understood the terms of the contract and agree to abide by them.**

**Signed Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed on behalf of Bear Pak: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERMISSION FORMS**

We need your permission for activities and situations that may arise whilst your child attends Bear Pak, in order for us to look after them and ensure their safety.

**Permission to be escorted by car or on foot**

The ratios for walking children to and from the club are 1 staff to 6 children. However, within this ratio, a member of staff may need to escort children alone. Some children are escorted daily by car to the club by a member of staff at Bear Pak. On occasions, due to staff absences or poor weather conditions, other children may be picked up in cars as well. All staff are DBS and reference checked and have appropriate car insurance, booster seats and seats belts.

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be escorted to the club by foot and/or by car.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Trips Permission**

From time to time we go on trips to local parks and places of interest on foot. These trips will only be to places in the locality of the club to which we can walk easily. Decisions to take the children will depend upon weather conditions on the day and at short notice without informing parents.

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to take part in local trips during club sessions.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Medical Treatment Permission**

In the event that you child becomes ill or sustains injury whilst at the club we need your permission to enable us to care for them appropriately as set out in our policies. Please complete the 3 statements below:

I give permission for the club staff to administer first aid to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the event of an illness/incident at the club.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorise the club staff to arrange for emergency medical treatment for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the event of a serious illness, injury or incident, whilst waiting for my arrival or whilst trying to contact myself or another named emergency contact on my child’s registration form (i.e. calling an ambulance/doctor).

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorise the club staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered to endanger the health and safety of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Face Painting**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to have their face painted at the club. I am aware that my child does not have any allergies to face painting products.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Take Photographs**

On occasions we take photographs of the children to show and record the different activities they do whilst attending the club for displays with in the club. We would like to use the photographs for publicity purposes i.e. our website, Facebook, fundraising, special events, for which we request your permission as their parent/carer.

I give permission for Bear Pak to take photographs of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for development monitoring purposes.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for Bear Pak to use photographs of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for publicity purposes.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to have Plasters**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to have a plaster if the first aides feels it necessary to apply to my child. I am aware that my child has no allergies to plasters.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to have Sun cream**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to have sun cream applied during club, whenever staff feel it is necessary. I am aware that my child has no allergies to sun cream.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to have liquid paracetamol**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to receive liquid paracetamol. If they are feeling unwell or have a minor ache/pain whilst at Bear Pak. I give my consent for a member of staff to administer the age-appropriate dose of liquid paracetamol to my child. My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has taken this medication on previous occasions and, to my knowledge, has not displayed any adverse reactions.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other information you feel we should be aware of:**

|  |
| --- |
|  |

Many thanks for your co-operation in filling out this form. Your child will receive the very best of care from the Bear Pak team.

