

Fair Play KJAR After School/Breakfast Club

Child's Confidential Personal Records

I/we request that our child attend the **FAIR PLAY KJA After School Club**.

Child's full name: _____

What s/he likes to be called: _____

Any languages spoken at home: _____

Date of Birth: _____

Home address: _____

Telephone: _____

Email Address: _____

Mother's name: _____

Place of work: _____

Work place number: _____ Mobile: _____

Father's name: _____

Place of work: _____

Work place number: _____ Mobile: _____

For emergency contacts:
(names & phone numbers) _____

Names of person who usually collects the child/ren: _____

Other person(s) & phone number who may collect the child/ren: _____

Other person(s) & phone number who may collect the child/ren: _____

Doctor's name & address: _____

Doctor's phone number: _____

Does your child have any Medical problems? Yes / No

If yes, please explain: _____

Any special requirements: _____

Does your child have any Special dietary needs? Yes / No

If yes, please explain: _____

Any special requirements: _____

Following an update to the DfE Medicine Policy, we will now be able to give a single dose of Calpol to children, in exceptional circumstances, for pain or a raised temperature.

I am aware that the Fair Play will ring me to confirm that I am happy for my child to receive a dose of Calpol and to ascertain if my child has already had Calpol that day.

I/We give permission for Fair Play Staff to administer Calpol _____

Anything else the Playleader
Should know about your child. _____

I/we give permission for my child/en to **walk home / outside club / another** FairPlay Club
[school name] _____ to the after school club.

Signed: _____ Date: _____

I understand that the club has policies and procedures and that there are expectations and obligations relating to both the club and myself and agree to abide by them.

I consent to any emergency medical treatment necessary during the running of the Club and authorise the staff to sign any form of consent required by a medical staff, if a delay in getting my signature could endanger the child's Health or Safety.

I agree to abide by the terms and conditions of this Club.

Signed: _____ Date: _____

Consent for photographs

Staff at the FAIR PLAY ASC may be studying for a childcare qualification and sometimes their course requires them to have photo evidence of activities they have organised and carried out. The names of the children will be kept confidential. We could like your permission to take photographs and use them for coursework of display, if needed.

Signature of Parent/guardian: _____ Date: _____

Privacy Notice: We will use the contact details you give us to contact you via phone, text, email and post, so that we can send you information about your child, our Club and other relevant news, and also so that we can communicate with you regarding payment of our fees.

Signature of Parent/guardian: _____ Date: _____

Declaration

I/we agree to pay the appropriate fees as long as my/our child attends the FAIR PLAY ASC and I/we are required to give one month's paid notice in writing or pay the appropriate fees in lieu of notice, before withdrawing my/our child from FAIR PLAY After School / Holiday Club.

I/we understand that late or non-payment of fees will jeopardize my child's continued place.

On acceptance of a place a Registration charge of £10.00 is payable to secure your child's place. (This charge is non-refundable). FairPlay After School Club Limited

I/we understand and agree and give my/our consent to the above statements and hereby certify all information to be correct and agree to notify the club staff of any changes in detail.

Signature of Parent/guardian: _____ Date: _____

For our reference could please you state how you found out about FAIR PLAY ASHC?