

# Fair Play After School & Holiday Club

## Child's Confidential Personal Records

I/we request that our child attend the **FAIR PLAY After School / Holiday Club**.  
(Please circle your choice.)

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. \_\_\_\_\_

Does your child/ren require a pick up from another school and to be taken to FAIR PLAY ASC Yes or No?

I/we give permission for my child/en to walk/ pick up from [school name] \_\_\_\_\_  
to the after school club.

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

I/We give permission for Fair Play Staff to information share with regards our child  
\_\_\_\_\_ school with regards to the National Curriculum including the  
Early Years Foundation Stage [EYFS is Nursery and Reception]; also to share information for the safeguarding  
and general well being of our child.

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

I understand that the Club activities include making short trips to the park, or other activities, and I agree to my child taking part.

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?

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*All information will be kept confidential in line with our **Data Protection Policy** and our **Privacy Notice**.*

**Send Forms: to Icknield Walk First School, Poplar Close, Royston, Herts, SG8 7EZ**  
**Tannery Drift First, Tannery Drift, Royston, Herts, SG8 5DE**  
**Studlands Rise First School, Studlands Rise, Royston, Herts, SG8 9HB**  
**Roman Way First School, Burns Road, Royston, Herts, SG8 5EQ**