Mr H Out of School Club Contract Form

Summary information (COMPULSORY)

Wednesday

Thursday

Friday

This will form the basis of a legal contract with Mr H Out of School Club Childcare to provide care from September to July each year (a 39-week period).

Club name:					
Child's full name: Male/female					
Date of birth:			Age:		
Address:			Postcode:		
School attended:			Class:		
School finish time:			•		
Parents/carers con	tact details (COMPULS	SORY)			
Name of parent/carer	:				
Daytime telephone number:					
Evening telephone number:					
Email:					
	able to collect. A passwo		s must be able to collect your child before collecting who are not on this form to		
Name of emergency contact:			PASSWORD:		
Daytime/evening & mobile telephone number:					
which day(s) you Contract form holiday during (Please note it	wish your child to attend a and have the change agre term time these days is the parent's respons formed of any changes	. If you need to change ed with your club mana will be charged). sibility to make staff	Membership contract. (Please indicate your booking you need to use a Change of ager – if children are absent or take aware of any changes to collection. If on the form staff will not allow your		
Day	Breakfast Club	Afterschool Club	Method of payment i.e. BACS		
Monday					
Tuesday					

Any additional information:

Collection arrangements (COMPULSO	DRY)
I will be the main person collecting my child	from the club:
Name:	Relationship to the child:
Please note below the details of another personal child from the club.	son(s) who are authorised to collect your
Contact person I (COMPULSORY)	
Name:	Relationship to the child:
Address:	Postcode:
Daytime/Mobile telephone:	
Contact person 2 (COMPULSORY)	
Name:	Relationship to the child:
Address:	Postcode:
Daytime/Mobile telephone:	
Medical information and special educat	ional needs (SEN) (COMPULSORY)
Doctors name:	
Doctors address:	
Doctors telephone number:	
Does your child have any known illnesses or allergies?	
If yes, please detail	
Does your child have any special dietary requirements?	
If yes, please detail	
Is your child on regular medication? (If your child has been prescribed an epipen it must be given to the club manager so we can treat anaphylaxis swiftly. Unfortunately, to protect the welfare of your child, we will have to refuse attendance until we receive one).	
If yes, please detail	
Does your child require assistance with administering their medication?	
Does your child have any specific, or special needs?	
If yes, please detail	
Does your child have a Statement of Educational Needs (SEN)?	

	Name and contact details of Attached Social Worker (COMPULSORY):	
•	that we gain individual consent for children. Please read the consent requests be	low
Consent for taki	appropriate. ng photographs or videos (VOLUNTARY)	
I give permission fo	r Mr H Out of School Club Childcare to take photographs or videos of my child to cial media or for use in marketing materials.	use
• .	/I do not give permission* for Mr H Out of School Club Childcare to take phot to use on Mr H Out of School Club social media or for use in marketing materials.	_
Signed:	Date:	
Consent for adm	inistering medication (COMPULSORY)	
allow Mr H Out of	eed to take medication which has been prescribed by your GP, we will need your School Club Childcare staff to administer the medication while in our care.	
appropriate)	ot authorise* Mr H Out of School Club Childcare staff to administer medication	(*de
Signed:	Date:	
Consent for aller	gic reaction medication (COMPULSORY)	
	Out of School Club Childcare, your child has an allergic reaction to something, Mare will administer antihistamine to ensure that your child avoids development in	
	t consent* to my child being administered with medication if they show signs of	an a
	e care of Mr H Out of School Club Childcare (*delete as appropriate)	
	e care of Mr H Out of School Club Childcare (*delete as appropriate) Date:	
reaction while in the Signed:	,	
Signed: Consent for eme I consent/I do no	Date:	duri
Signed: Consent for eme I consent/I do no	Date: rgency medical treatment (COMPULSORY) ot consent* to my child undergoing any emergency medical treatment necessary	duri
reaction while in the Signed: Consent for emerical consent/I do not running of the club Signed: I authorise/I do written form of consent/I do not running of the club Signed:	Date: rgency medical treatment (COMPULSORY) ot consent* to my child undergoing any emergency medical treatment necessary	to si

Consent for sun protection (VOLUNTARY)

As a club, we spend a lot of time in the outside area. Sometimes it is necessary to provide the children with sun protection.

I authorise/I do not authorise* Playworkers to administer sun protection on my child (*delete as appropriate)

Signe	d: Date:
We a	ing the most out of your club im to promote a fun and caring environment for all our children. We understand that each child is an dual and we value their individuality. To help us to know your child better so that we can ensure an lent quality of care, we would like you to complete the sections below:
Your chi	ild (VOLUNTARY) Like and dislikes
	ction you will have an opportunity to provide us with a detailed picture of your child as an individual such as kes and dislikes (for example: what they enjoy doing (activities and games); what they like to eat).
Cultural	, Gender and religious needs (VOLUNTARY)
Does you	r child have any specific cultural, gender and/or religious needs we should be aware of? (Foods etc.)
Detailed	medical information (VOLUNTARY)
Is there a specialist	ny further medical information you wish to inform us of? Information such as: is your child awaiting a referral.
Terms a	nd conditions (COMPULSORY)
contract made us required paymen	embership Contract and The How to Use Your Club Guide will form the basis of a legal to access services from Mr H Out of School Club Childcare. Changes to your contract can be sing our Change of Contract form which you can find in your club. Four weeks' notice is I to terminate your contract. Payments should be made in advance and a fee of £10 for late t may apply. Any unpaid fees will be forwarded to a Debt Management agency for collection. I organisation we are unable to sustain the business unless payments are made in advance.
Confidenti	formation provided on this form will remain confidential in accordance with Mr H Out of School Club Childcare's ality Policy and Data Protection (ICO) and General Data Protection Register 2018 (GDPR). Please read our Privacy opy is in your club).
I have re	ead the above consent requests and I have marked them as appropriate.
Signed:	Date:
I have r	ead and agree with the terms and conditions for using Mr H Out of School Club Childcare
Signed:	Date: