

 **Moorpark**

**AFTER SCHOOL CLUB**

**Administration Form**

**Personal Information**

Child’s full name: ……………………………………………………………………………………………………………………

Child’s preferred name: …………………………………………………………………………………………………………

Child’s Date of Birth: ………………………………………………………………………………………………………………

Child’s Ethnic Origin: ……………………………………………………………………………………………………………..

Child’s Religion: ……………………………………………………………………………………………………………………

Child’s first Language: ……………………………………………………………………………………………………………

Home Address: ………………………………………………………………………………………………………………………

 ……………………………………………………………………………………………………………………..

Child’s Doctor and Address: …………………………………………………………...........................................

 ……………………………………………………………………………………………………

Doctors telephone number: …………………………………………………………………………………………………..

Mothers full Name: ……………………………………………………………………………………………………………….

Mothers place of work: ………………………………………………………………………………………………………….

Work Contact Number: ………………………………………………………………………………………………………….

Mothers mobile Number: ………………………………………………………………………………………………………

Mothers Email Address: …………………………………………………………………………………………………………

Fathers Full Name: …………………………………………………………………………………………………………………

Fathers Place of Work: …………………………………………………………………………………………………………..

Work contact Number: ………………………………………………………………………………………………………….

Fathers mobile number: ………………………………………………………………………………………………………..

Fathers Email address: …………………………………………………………………………………………………………

Name of person(s) holding parental responsibility: -------------------------------------------------------

Does your child have sibling/s? If so how old are they: ………………………………………………………..

**Medical History**

Does your child have any disabilities? ……………………………………………………………………………………

If so what are they? ……………………………………………………………………………………………………………….

Does your child have any form of medication on a daily bases? …………………………………………….

If so indicate what medication: ………………………………………………………………………………………………

Is your child’s vaccinations up to date? ………………………………………………………………………………….

Has your child ever been admitted to hospital? If so what for: ………………………………………………

……………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………….

Is your child under any consultants at the hospital? ………………………………………………………………

Name of consultant: ………………………………………………………………………………………………………………

Has your child any dietary requirements? ……………………………………………………………………………..

Does your child obtain professional support from any other agencies? …………………………………

If so please give details of professional e.g social worker, councillor, CAMHS etc.

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Current school (if not Moorpark)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorised Person’s to contact in an Emergency**

1. Name: ………………………………………………………………………………………………………………………..

Relationship to child: ………………………………………………………………………………………………….

Telephone number: ……………………………………………………………………………………………………

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Relationship to child: ………………………………………………………………………………………………….

Telephone number: ……………………………………………………………………………………………………

**Authorised person’s to collect your child.**

1. Name: …………………………………………………………………………………………………………………..

Relationship to child: ……………………………………………………………………………………………

Contact number: ………………………………………………………………………………………………….

1. Name: …………………………………………………………………………………………………………………..

Relationship to child: ……………………………………………………………………………………………

Contact number: ………………………………………………………………………………………………….

1. Name: …………………………………………………………………………………………………………………..

Relationship to child: ……………………………………………………………………………………………

Telephone number: ……………………………………………………………………………………………..

**Security Code**

Parent/carers we understand that you may need relatives or friends to collect your child from the setting from time to time due to unforeseen circumstances.

In the event of such situations occurring we feel to help with the security of your child’s safety a password that only you will divulge to your relatives or friends would help sufficiently. If for some reason you are detained we the staff, at the after school holiday club will expect your collector to disclose your password before we will allow the child to leave the building or see the collector.

* Child’s Name …………………………………………………………………………………………………
* Security word ………………………………………………………………………………………………..
* Parent, carer or guardian’s name ………………………………………………………………….
* Parent, carer or guardian’s signature …………………………………………………………….
* Day and Date …………………………………………………………………………………………………

If any person other than yourself comes to collect your child and you have not informed ourselves, or they do not supply us with the pass word, your child will **NOT** be allowed out of the building until we have permission from the person holding legal parental responsibility, this person will be contacted by telephone.

If others are collecting your child from the setting, we require this request to be in writing or through a telephone call, and with this a full name and description of the person will be required

**Important Information**

In the event of an accident, emergency or illness occurring to your child the Parent, Care or Guardian will be informed, and asked to meet at the accident and emergency department at the Stoke University Hospital in Newcastle-under-Lyme, where they will be met by a member of staff with your child.

**Parent, Carer or, Guardian Permission**

* I give consent for my child care providers to seek any necessary emergency medical advice or treatment in the absence of myself.

Parent signature:……………………………………………………………………………………Date……………

* I give consent for my child to receive first aid treatment from a qualified first aid member of staff, (using bandages, plasters, gauze surgical tape and any other minor injury tool.

Parents signature: …………………………………………………………………………………………….Date……………

* I ………………………………………understand that my child may be taken ill whilst at the after school or holiday club, and in the event of my child having a mild illness such as toothache, headache, stomach ache, or a high temperature, I give my consent to the management in charge of my child, to administer **NO more than 2 x 5 ml of Calpol or Liquid paracetamol** throughout the day of their illness.

Parent signature: …..………………………………………………………………………………………….Date……………

* I understand that if my child carers suspect that my child were to show signs or forms of any kind of abuse or neglect, it is their duty has a childcare providers to inform the relevant agencies, and that this is information according to the **CHILDRENS ACT OF 1989.**

Parent signature: ……………………………………………………………………………………………….Date…………..

* I give my child care providers consent to escort my child to and from school by foot, mini bus or car.

Parent signature: ………………………………………………………………………………………………Date……………

* I give my childcare provider permission to take and display photographs of my child within the after school and holiday club.

Parent signature: ……………………………………………………………………………………………….Date…………..

* I give permission for my childcare providers to take my child to local park.

Parent signature: ………………………………………………………………………………..Date………………………….

**Important information.**

**OFSTED Regulations**

* This after school and holiday club have to undergo OFSTED regulations
* The after school and holiday club will inform Parent/carers, children/young people, volunteers, and students of any annual inspections.
* Any recommendations made by OFSTED will be displayed for all to see on the parent/carers notice board.

 **Grounds for exclusion**

* Any child suffering from diarrhoea, sickness, conjunctivitis or any other contagious illness must be kept from the organisation for a period of 48 hours or until such conditions have ceased.
* Any child who may have a server attack of head lice must seek treatment and support from your G.P before coming to the after school and after school club.
* If any child was to be taken ill whilst at the club parents will be contacted.
* Persistence of poor behaviour (which includes bullying, verbal abuse, physical violence, fighting, racial incidents, defiance, continues rudeness to others, dishonesty and deliberate damage to property). Will result in immediate exclusion.

I ……………………………………………..have read and understand the terms and conditions of this document and do agree to abide by what is required of me and my child.

Parent signature: ………………………………………………………………………………………..Date………………….

**Days Required**

Please indicate below what days you will be requiring the service :

|  |  |
| --- | --- |
| **Day** | **Dates** |
| Monday | Eg, 11th September |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

If you are unsure of future dates these can be arranged with the office nearer the time. As long as one weeks’ notice is given if you require the service.

**Any queries please contact Moorpark Office on 01782 234440**

Payments **MUST** be made in advance of the booking and if your account becomes in arrears we will not allow you to use the service until all debt is cleared.

If your child is at Jackfield please ensure you notify their office that your child be attending our Afterschool provision.