

Registration Contract

Regular and Casual Users

The following information will be held in the strictest confidence and in compliance with the Data Protection Act 1998.



Full Name of Child

Preferred Name

Date of Birth

Home Address/s

Parent / guardian

Parent / guardian

Address (if different from above)

Address (if different from above)

Home telephone

Home telephone

Mobile

Mobile

Workplace telephone

Workplace telephone

Email

Email

Can we contact you using ParentMail®? (Y / N)

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Please be assured that ParentMail is registered with the Data Protection Registrar and **guarantees** that all information you provide will be kept private and will not be passed on to any other organisation.

Please asterisk at least one number on which you are contactable in case of an emergency during Ark hours.

Child's year and teacher

For emergencies, please provide **2 local** contacts who are authorised to collect and care for your child in the event that we cannot contact you:

Name

Name

Address

Address

Telephone

Telephone

Mobile

Mobile

If you are using childcare vouchers to pay for the Ark, please state which provider you have registered with

Child's doctor

Contact number

Date of last tetanus injection

Please state whether The Ark staff can administer plasters in cases of minor injury (Y / N).

Does your child have any medical problems, allergies or special requirements? (Y / N).

If you have answered 'yes', please complete an 'Individual Healthcare Plan' and if necessary an 'Administering Medication Form'. *(If your child has an allergy please ensure we have an Inhaler / Epi-pen or medication at The Ark as we do not have access to those held by St Bede).*

Does your child have any special educational needs, disabilities or behavioural issues which require additional care or supervision? (Y / N). If yes, please give details in writing to the Play Leader.

Does your child have a SENCO (Special Education Needs Co-ordinator) at St Bede? (Y / N).
If yes, please state details

Does your child have any special dietary needs? (Y / N). If yes, please state details

Please provide details of any cultural or religious needs

Security password (*a memorable word*). This should be told to a member of staff if another person collects your child

Is there anyone who should not have contact with your child

If you would like your child to attend on a 'Regular' basis, please complete a separate Booking Form showing the after-school sessions you require

Please tick the box if you require 'occasional' use of The Ark only

I have read and agree to the terms and conditions of the club as outlined in the club handbook and detailed in The Ark Policy Manual.

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

I consent to my child being taken on visits to local amenities, such as the play park and recreation field. The Ark will follow procedures as laid down in the Policy Manual.

Signed

Date

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WE SHOULD BE AWARE OF IN WRITING TO THE PLAY LEADER.