

**HWCA After School Club - Registration Form**

(Registered Charity No. 1161117 – Ofsted No: EY491834)

|  |
| --- |
| **Child’s Details**Child’s Name: ………………………………………………………… What s/he likes to be called ......................................Address: …………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………. Post Code: ………………………………………………….….Date of Birth and current age: ……………………………… School attended.......................................................Home Tel No: …………………………………………..  |
| **Parent/Guardian Details:**Mother/Carer: Name:………………………………………………………………….Address:……………………………………………………………….(if different from above)..................................................................................Place of work: ………………………….…………………………..Daytime/Work No: ………………………………………………Mobile No: …………………………………………………………..Email: …………………………………………………………………..Does this person have parental responsibility? Yes/No | Father/Carer: Name:………………………………………………………………….Address:……………………………………………………………….(if different from above)..................................................................................Place of work: ……………………………………………………..Daytime/Work No: ………………………………………………Mobile No: …………………………………………………………..Email: …………………………………………………………………..Does this person have parental responsibility? Yes/No |
| **Emergency Contacts**Please give details of at least two other people (must be different names from the above) to be contacted in the case of an emergency and that they are able to collect you child should the need arise: |
| **Name** | **Relationship to child** | **Telephone Number** | **Location of Contact** |
| **1)** |  |  |  |
| **2)** |  |  |  |

|  |
| --- |
| **Custody & Court Orders:**Please indicate whether there are any court orders affecting your child YES 🞏 NO 🞏If YES, please indicate which court made the order and the date…………………………………………………………………………………………………………………………………………………………………..Please provide a copy of relevant paperwork for our records |
| **About your child: *(continue overleaf if necessary)***Health concerns (eg hearing, sight, special conditions, need for regular medication etc. Please include any special educational needs and or physical disabilities statement):Dietary requirements (eg details of any food allergies, or significant food and drink preferences and cultural preferences)Allergies (eg plasters, pollen, animal hairs etc.)Is there anything your child doesn’t like? (food, games, etc) or is scared of?What are your child’s favourite activities? |
| **Family Doctor:**Name of Doctor: …………………………………………………………………… Tel No: ……………………………………………………Address: …………………….……………………………………………………………………………………………………………………………………………NOYESI give/do not give consent for my child to receive emergency treatment  |

|  |
| --- |
| **Declaration:*** I give/do not give consent for my child to have their photograph or moving picture images taken, used for the following purposes:
* Electronic and printed displays and exhibitions at the Club (eg photos of activities)
* Observation and assessment of my child’s progress
* Club’s official website (Accessing through Hatch warren community centre)
* Club’s official social media account (eg Facebook, Twitter)
* Promotional material for the Club (eg flier, advert, poster)
* Local newspaper or magazine
* Another linked organisation’s website (our website being advertised in under 5’s website)
* I give/do not give consent for my child to receive emergency treatment and for HWCA After School Club to act as en loco parentis in my absence
* I give/do not give consent for my child to have their face painted
* I give/do not give consent for my email address to be used for the purposes of communication by HWCA After School Club

I confirm that the information given is correct and I shall inform HWCA After School Club should there be any amendmentsYESNOI am happy for HWBCA to contact me regarding other events Parent/Carers signature: ………………………………………………………………………….. Date: …………………………………**(consent will be assumed unless otherwise indicated once the form is signed)** |

**HWCA After School Club**

 (Registered Charity No. 1161117)

**Terms and Conditions Agreement**

Child’s Name: ………………………………………………………………………………………………………………….

School attending and year group: ……….………………………………………………………………………….

Days attending: **Monday/Tuesday/Wednesday/Thursday/Friday**

(delete as applicable)

Date of Commencement: …………………………………………………………………………………………………

|  |
| --- |
| * Registration is only complete upon receipt of a £50 non-refundable deposit. This deposit is allocated against your first ASC invoice.
* Your child will be able to partake in supervised outings, such as the walk from school to the club.
* You will be invoiced monthly and payment is expected in full
* You will be invoiced on the 1st of the month and payment will be due no later than 14 days
* Childcare may be withdrawn if you fail to make regular payments, this may also result in action begin taken through debt recovery services
* If you pay through Childcare Vouchers and your child leaves part way through the year and you are in credit with your fees, these will be paid back (on condition the appropriate notice has been given) to your Childcare Voucher provider and not yourself
* If you are claiming Working Tax Credits please note that providers are contacted to verify attendance and charges. It is therefore important that you give factual information to the Agency and keep your payments to us up-to-date. Any false claims will be treated as fraudulent and may result in prosecution
* Refunds for casual cancellations will not be given; but exceptional circumstances will be considered on an individual basis; these will need to be received in writing
* Fees still apply in the event of sickness and or holidays taken during term time and a £5 (reduced) fee is charged in the case of a school inset day.
* If you wish to cancel your booking at any time, you are required to give 1 months’ notice in writing or payment in lieu of the notice.
* A £5 fine will be imposed if you fail to notify the office of your child’s absence from the After School Club
* It is your responsibility to notify the After School Club of your child’s school inset days
* The After School Club closes at 6pm and it is important that you have collected your child by this time, failure to collect your child on time will result in a late collection penalty which is £5 until 6.15pm and £1 per minute or part minute thereon. On collection of your child you will be required to sign the late collection register.
* Any cheques not honoured by the bank will incur an administration charge (dependant on current bank charges)
* HWCA ASC work closely with all the schools we collect from and will at times need to exchange information on the children in our care.
 |

**I understand and accept the above terms and conditions and can confirm I have received a copy of the HWCA ASC Handbook.**

Parent/Carer signature: …………………………………………………….. Date: …………………………………….

## HEADTEACHER CONFIRMATION FOR AFTER SCHOOL CLUB

###### SCHOOL YEAR………….

Dear Headteacher

My child/ren

will be attending the HWCA’s ‘After School Club’ at Hatch Warren Community Centre, on the following days, during this Academic Year.

Any alterations to this will be notified to you in writing.

Please circle the days of attendance: **MON / TUES / WEDS / THURS / FRI**

Date of Commencement: …………………………………………………………………

I hereby authorise you to release my child/ren to the care of HWCA After School Club Staff. I understand sometimes it is necessary for HWCA ASC to exchange information with my child’s school.

Thank you for your help.

Signature: . Parent/Carer

Address:

Tel.No.

## RETURN THIS FORM TO HWCA AFTER SCHOOL CLUB

## NOT THE SCHOOL