

Breakfast / After school Club Registration Form

| CHILD'S INFORMATION | | |
|---|-------------------------------|--|
| Name of breakfast/after school club: | | |
| School child attends: | | |
| Child Name: | Surname: | Known as: |
| Ethnicity: | Date of Birth: ____/____/____ | Age: |
| Current address: | | |
| Language spoken: | | |
| Is Children's Social Care currently involved with your child? | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, is your child currently on a Child Protection Plan? | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| PARENT/GUARDIAN INFORMATION | | |
| Name: | | |
| Address: | | |
| 1 st contact number | | |
| 2 nd contact number | | |
| Email address: | | |
| EMERGENCY CONTACTS | | |
| | 1 st Contact | 2 nd Contact |
| Name | | |
| Contact number | | |
| MEDICAL INFORMATION | | |
| List any medical conditions or pre-existing injuries (including allergies). For allergies please also complete an allergy management plan | | |
| Does your child need to take medication while attending the service? (If Yes, please complete the health management plan and the permission to administer medication form) | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Doctor's name: | Doctor's address: | Contact number: |
| Does your child have any additional needs? (if yes additional form is required) | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are there any foods / drinks your child is not allowed to consume? If YES, please list below | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Due to (please tick): Preference <input type="checkbox"/> Religion <input type="checkbox"/> Allergy <input type="checkbox"/> Other <input type="checkbox"/> | | |

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| CONSENT | | |
|---|--|-------|
| While attending the breakfast/after school club do you the parent / guardian give consent for your child to participate in the following (please tick choice): | | |
| Walking bus I agree that my child must wear the yellow waistcoat provided for the entire journey and behave in a responsible manner while on the walking bus. I understand that failure to do so will result in my child being unable to attend the breakfast/after school club. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | |
| Photographs I agree that my child can be photographed by Mytime Active childcare staff only, for the sole purpose of use within the club. I understand that these Photographs will only be used for educational (EYFS) recordings, displays within the club and any club-based activities. I understand these photographs will not be used for any further promotions or media marketing without further request and consent. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | |
| Face painting I agree that my child can have their face painted by Mytime Active childcare staff only. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | |
| Makeup/nails/play tattoos I agree that my child can have usage of makeup/nail varnish/play tattoos as part of an adult supervised activity. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | |
| Application of sun cream I agree that my child can have their own sun cream applied provided by myself (parent / guardian) by the Mytime Active childcare staff only. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | |
| EYFS info sharing I agree that information regarding the progress of my child as part of the EYFS can be shared with the school. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | |
| Internet usage I agree that my child can use the internet in an adult supervised environment. | YES <input type="checkbox"/> / NO <input type="checkbox"/> | |
| NOTE: MYTIME ACTIVE CHILDCARE WILL SHARE RELEVANT INFORMATION IF DEEMED NECESSARY FOR THE SAFETY AND WELLBEING OF YOUR CHILD | | |
| CHILD COLLECTION | | |
| Please indicate who will be collecting your child from the club on a regular basis: | | |
| Name and address | | |
| 1 st contact number | | |
| 2 nd contact number | | |
| Relationship with child | | |
| Please allocate a password to be used on collection of your child: | | |
| If someone other than the named person above is collecting your child you <u>MUST</u> notify the club leader with the details of who will be collecting the child and that person <u>must use your allocated password</u> | | |
| In the event of an illness or accident requiring medical treatment I hereby give my consent for the club to seek medical advice | | |
| As the parent/guardian of the named child I declare the above information to be correct and allow Mytime childcare staff to care for my child as indicated/ If any of the above information changes I will inform the childcare staff immediately | | |
| Signature of parent: | | Date: |
| Signature of setting Leader: | | Date: |

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Booking form: For the purpose of your account and subscription. This form will be separated; the first 2 pages will be kept at site by the setting leader and the last 2 pages given to the bookings administrators to process your account and subscription.

| CHILD'S INFORMATION | | |
|---|---|--|
| Name of breakfast/after school club: | | |
| Site Leader: | | |
| School child attends: | | |
| Child's full name: | Date of birth: ____/____/____ | Age: |
| Current address: | | |
| PARENT INFORMATION | | |
| Name: | | |
| Date of birth: | | |
| Address: | | |
| 1 st contact number | | |
| 2 nd contact number | | |
| Email address: | | |
| Who will be the primary account holder? | | |
| BOOKING&PAYMENT | | |
| Please choose your subscription choice | Subscribed Members <input type="checkbox"/> (Annual subscription paid in monthly instalments) | Temporary Members <input type="checkbox"/> (Non-regular member booking on an ad-hoc basis) |
| | Please tick required sessions Breakfast Club <input type="checkbox"/> | After school Club <input type="checkbox"/> |
| Please tick payment method | Direct Debit <input type="checkbox"/> | Childcare Voucher <input type="checkbox"/> |
| | Chip&Pin/ Bank <input type="checkbox"/> | |
| Please circle your days of attendance: | MON / TUE / WED / THU / FRI | MON / TUE / WED / THU / FRI |
| Start date: ____/____/____ End date (if applicable): ____/____/____ | | |

**Please ensure all information is fully completed above
Failure to complete the form in full can delay your child's use of the service**

If you would like to be kept informed of Mytime Active news and offers, please indicate how you would like us to contact you.

EMAIL
 SMS
 POST
 TELEPHONE

We have updated our privacy policies. For details about our privacy policy, please visit us at www.mytimeactive.co.uk/privacy-policy

