



Faraday Club

BREAKFAST CLUB • AFTERSCHOOL CLUB • HOLIDAY PLAYScheme

Caroline Haslett School • Shenley Lodge • Milton Keynes • MK5 7DF

Telephone • 07966 470 676 / 01908 695410

Email -faradayclubmanager@carolinehaslett.milton-keynes.sch.uk

FARADAY CLUB REGISTRATION FORM

Each child who attends the **Faraday Club** (Breakfast Club, After School Club or Holiday Playschemes) must be registered. Registration ensures we have essential information about each child including contact information and health information. The registration information needs to be kept up to date and we are asking parents, guardians and carers to update the information for without up to date information about each child we are unable to accept children at the Club. So, please take time to complete this form and read all terms and conditions and return both forms to the Club as soon as possible. It is important that all sections of the registration form are completed. Please sign and date both the registration form and the terms and conditions.

Parent/Guardian's Details

Title:	
First Name:	
Last Name:	
Email Address:	
Marital Status:	
Ethnic Group:	
Religion:	
Home Address:	
Post Code:	
Home Phone:	
Mobile Phone:	
Employer's Name/ Address:	
Postcode:	
Work Telephone:	



Doctor's Details:

G.P.'s Name:	
Surgery Name	
Surgery Address:	
Postcode:	
Surgery Telephone:	

Child(ren)'s Details:

	CHILD 1	CHILD 2	CHILD 3
Child's First Name			
Child's Last Name			
Child's Date of Birth:			
Gender:			
Child's Address (if different from Parent/Guardian):			
Please tick if same:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CHILD 1	CHILD 2	CHILD 3
Child's Ethnic Group:			
First Language:			
Other:			



School name			
Year / Class			
Special Requirements: e.g. access, dietary			
Any Illnesses or Allergies: Medication: Does your child have any medication prescribed to them of which the Club should be aware			
If yes please provide full details including any treatments that the club should be aware of, or we should inform medical professionals in the case of an emergency			
Care Plan in place (If yes a please supply a copy)			
Does your child require medicine to be kept on site.			
Does your child require a one to one worker			
Does your child have a one to one worker at school			

Except under specific written advice from doctors, we ask that all medicines are left with the staff whilst your child attends the Club. Additionally, if your child requires medicines or treatment we reserve the right to refuse attendance at the club if these are not made available to the staff.



Please provide a minimum of 3 emergency contact. This is a Safe guarding requirement

Emergency Contacts/Collections:

Emergency Contact 1	
Full Name:	
Address:	
Postcode:	
Telephone Numbers:	Home: Mobile: Work:
Relationship to Child:	
Emergency Contact 2	
Full Name:	
Address:	
Postcode:	
Telephone Numbers:	Home: Mobile: Work:
Relationship to Child:	



Emergency Contact 3	
Full Name:	
Address:	
Postcode:	
Telephone Numbers:	Home: Mobile: Work:
Relationship to Child:	
People authorised to collect child/ren other than the emergency contacts. In the event that someone other than the people named as an emergency contact will be collecting. You <u>MUST</u> contact the club prior to collection, where you will be asked to provide, name, description & password.	
Name: Telephone: Relationship to Child: Password;	
Name: Telephone: Relationship to Child: Password;	
Social workers Name and contact details (if applicable)	
Name: Contact numbers; Email address:	



Permission Form, Please complete in full.

Emergency Medical Attention:	<input type="checkbox"/> I give permission for my child(ren) to be taken to the nearest hospital for necessary emergency treatment in the event that I cannot be contacted. Signed: _____ Date: _____
Photographs:	<input type="checkbox"/> I give permission for my child(ren) to be photographed for display purposes within The club and school. <input type="checkbox"/> I give permission for my child(ren) photo's to be uploaded onto Faradays multimedia sites and website. <input type="checkbox"/> I do not give permission for my child(ren) to be photographed for display purposes. Signed: _____ Date: _____
Plasters:	<input type="checkbox"/> I give permission for plasters/ dressing to be applied if nessacery. <input type="checkbox"/> I <u>do not</u> give permission for plasters/ dressing to be applied. Signed: _____ Date: _____
Sun cream: Must be provided by parents.	<input type="checkbox"/> I give permission for a staff member to help my child/ren to apply sun cream when needed. <input type="checkbox"/> I <u>do not</u> give permission for a staff member to help my child/ren to apply sun cream when needed. Signed: _____ Date: _____
Activities & Outings:	<input type="checkbox"/> I give permission for my child(ren) to go on outings and to participate in activities organised by Faraday Club. This includes permission for the use of transport in vehicles such as the Coaches & school mini-bus <input type="checkbox"/> I <u>do not</u> give permission for my child(ren) to go on outings and to participate in activities organised by Faraday Club. This includes permission for the use of transport in vehicles such as coaches & the school mini bus Signed: _____ Date: _____



Calpol in the event of An emergency high temperature.	<p>In the event of your child/ren getting a high temperature of 38oC or above, the breakfast club, afterschool/ holiday playscheme can provide Calpo following the dose instructions on the box. If we do need to give your child Calpol we still need either phone or email confirmation from you prior to administering Calpol. We can only administer one dose of Calpol and will still require you to collect your child.</p> <p><input type="checkbox"/> I give permission for you to administer one dose of emergency Calpol if my child's temperature reaches 38 oC or above allowing me time to collect my child</p> <p><input type="checkbox"/> I <u>do not</u> give permission for my child(ren) to be administered Calpol.</p> <p>Signed: _____ Date: _____</p>
Please provide us with any other information regarding your child/ren of which the club should be aware of.	
<p>Children allowed to go home on their own.</p> <p>If you give permission for your child to leave and to return home on their own without being collected from the club by an adult. Please confirm the time they are allowed to leave and sign below. This arrangement will apply to Afterschool club and Holiday playscheme. By signing below you accept that Faraday Club is not responsible for your child after they have left the club Premises. This only applies to children year 5 and above.</p> <p>Child,s name;..... May leave the Faraday Club at</p> <p>Parent/guardian sign:.....</p>	
<p>Legal responsibility</p> <p>Please state who has parental responsibility/guardianship for the above child/ren on a daily basis.</p> <p>Name:..... Relationship:.....</p>	
<p>Agreement</p> <p>I confirm that, to the best of my knowledge, the information given on this registration form is correct and that I will provide Faraday Club with any updated information as soon as it is available if there is a change of circumstances. I also Understand that Faraday Club is not responsible for my child/ren before or after advertised operational times.</p> <p>Signed:..... Date:.....</p>	



Dear parent/carer,

Due to the new GDPR regulations we are no longer able to hold contact details for any other persons on your child's record without them providing written consent. We will automatically add the child's parents contact details to the record, but if you wish to add any other people as an alternative emergency, we require written consent.

In accordance to our Safe guarding policy we require each child to have minimum of three emergency contacts. Please use the slip below if you would like to add further contact details to your child's record.

Yours sincerely

Jo Anderson
Faraday Club manager

Please complete detach and return this slip to the Faraday office.

ALTERNATIVE CONTACT DETAILS FOR (NAME OF CHILD/REN)

PRIORITY ORDER	NAME	RELATIONSHIP TO CHILD	CONTACT NUMBER	SIGNATURE	DATE
1					
2					
3					



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Children's Care Plan

Child's Name	
Date of birth	
Medical Condition or Allergy	
Allergen (For example: Peanuts)	
Causes (if any) that may worsen the child's medical condition (For example: Certain soaps may cause Eczema/Cold weather may worsen child's Asthma)	
Signs/Symptoms of attack or reaction (For example: Hives, Blotchy skin)	



<p>Medication prescribed to be given in the event of an allergic reaction/Medical need.</p> <p>(Including name, dose to be given and when the medicine is to be administered)</p> <p>ALL MEDICATION MUST BE PRESCRIBED AND CLEARLY LABELLED WITH CHILD'S NAME</p>	
<p>Will the medication be kept at the club at all times? If no, you will be required to bring the medication in to the club on every session that the child attends</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Any medications that the child has at home?</p> <p>(For the above Medical condition. This information may be required should we need medical advice)</p>	
<p>Emergency contact names and numbers (minimum of 3 contacts)</p>	<p>Contact Name:</p> <p>Number:</p> <p>Relationship to Child:</p> <p>Contact Name:</p> <p>Number:</p> <p>Relationship to Child</p> <p>Contact Name:</p> <p>Number:</p> <p>Relationship to Child</p>



Doctors Name and Contact Details:

I give consent for the staff at The Faraday Club to administer to above medications to my child in the event of an emergency/when necessary. As stated on this Care Plan.

Parent/Carers name and signature

Date

Mangers Signature

Date

Review Date



Consent form

Dear Parents/Carers

At the Faraday Club we try to vary our activities as much as possible in order to provide your child/ren with choices.

However some activities would not be possible without the parents/carers consent. If you would like your child to participate in the following activities please tick the boxes below.

Child's Name

- ☐ Hair braiding
- ☐ Face painting/ Glitter tattoos
- ☐ Photos
- ☐ Forest Schools
- ☐ Nails
- ☐ Make up
- ☐ Gardening (weather permitting)
- ☐ Fire workshops (All risk assessed and staff trained)
- ☐ Water/messy Play (weather permitting)
- ☐ Games consoles (Xbox, Playstation, Wii)
- ☐ Sweets/treats
- ☐ Sun cream
- ☐ Bike/scooter (safety helmet must be supplied at all time)

Films

- ☐ U
- ☐ PG
- ☐ 12A (Over 7 only)

All electrical devices/phones and smart watches that have a camera / the ability to record are not permitted on site

Parent's signature..... **Date** / /



Faraday Club

Session timetable

Please tick the days/sessions you wish your child to attend.

Sessions will be confirmed via email, once availability has been checked.

Sessions are invoiced monthly at the start of each month. All payment must reach us before the 10th of each month. Payments can be made via direct debit, child care vouchers or bank transfer.

We no longer accept cash or cheque payments.

Session Fees

Breakfast Club – £4.50

Afterschool Club - £10.00

Both sessions (same day discount) - £12.50

Session type	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club 7.50am-9am					
Afterschool Club 3.15pm-6pm					

Child/ren name;

Child's class;

Parents name;

Email address;