



ROCKS AND PEBBLES LTD



Registration Form

Child's Details

Name of Club:

Date of Registration:

| | | |
|--------------------------------|-------------------------------------|-------------------------------|
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | School attended: First language: | Name of key person: |

Parent/Guardian Details

| Title: | First name: | Surname | Title: | First name: | Surname |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| Home address: | | | Home address (if different): | | |
| Does this child normally live at this address? Yes / No | | | Does this child normally live at this address? Yes / No | | |
| Work address: | | | Work address: | | |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: <small>By signing this form you give permission for us to contact you via email if you wish to opt out please send us an email</small> | | | Email address: <small>By signing this form you give permission for us to contact you via email if you wish to opt out please send us an email</small> | | |
| Does this person have parental responsibility? Yes / No | | | Does this person have parental responsibility? Yes / No | | |
| Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i> | | | | | |

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

| | | |
|----------|-------------------|----------------------------|
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |



ROCKS AND PEBBLES LTD



Child's Doctor

| | |
|-----------------|------------|
| Name of Doctor: | |
| Address: | Telephone: |

About your child

| |
|-------------------------------------------------------------------------------------------------------|
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details) |
| Is there anything your child doesn't like (food, games etc) or is scared of? |
| What are your child's favourite activities? |

Signature of Parent/Carer

Date:

Office Use:

Tick if EYFS child

Name of Club Attending.....

Date form received.....



ROCKS AND PEBBLES LTD



Medical Form

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Child's name: | Date of birth: |
| Doctor: | |
| Doctor's address: | |
| Doctor's telephone: | |
| Does your child or the child in your care have any known medical problems or additional needs? (Please list) | |
| Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed) | |
| Does your child have any known allergies? (an Allergy Management Plan will be put in place where required) | |
| Does your child have any dietary requirements? | |
| Any other information relevant to your child's health | |
| Parent/Carer emergency contact telephone numbers: | |

In the event that my child is involved in a serious accident while at the club I expect the Manager, or delegated member of staff, to contact me immediately on the above contact number.

In the event that my child requires immediate medical treatment before I am able to arrive at the hospital, I hereby authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager in writing to state otherwise.

Signature of Parent/Carer:.....Date:.....



ROCKS AND PEBBLES LTD



Photograph Permission Form

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Rocks and Pebbles we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the parent or carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

(please tick for consent)

- Electronic and printed displays and exhibitions at the Club (eg photos of activities)
- Observation and assessment
- Club records of my child
- To accompany staff or student coursework
- Website for Club
- Promotional material for the Club
- Local newspaper or magazine
- National newspaper or magazine
- Other organisation's website
- Other organisation's promotional material
- Other

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child's participation.

Child's name:

Signed:
(parent/carer)

Date:

Print name:



ROCKS AND PEBBLES LTD



Privacy Notice

At Rocks and Pebbles we respect the privacy of the children attending the Club and the privacy of their parents or carers. The personal information that we collect about you and your child is used only to provide appropriate care for them, maintain our service to you, and communicate with you effectively. Our legal basis for processing the personal information relating to you and your child is so that we can fulfil our contract with you.

Any information that you provide is kept secure. Data that is no longer required* is erased after your child has ceased attending our Club.

We will use the contact details you give us to contact you via phone, email and post, so that we can send you information about your child, our Club and other relevant news, and also so that we can communicate with you regarding payment of our fees.

We will only share personal information about you or your child with another organisation if we:

- have a safeguarding concern about your child
- are required to by government bodies or law enforcement agencies
- engage a supplier to process data on our behalf (eg to take online bookings, or to issue invoices)
- have obtained your prior permission.

You have the right to ask to see the data that we have about yourself or your child, and to ask for any errors to be corrected. We will respond to all such requests within one month. You can also ask for the data to be deleted, but note that:

- we will not be able to continue to care for your child if we do not have sufficient information about them
- even after your child has left our care, we have a statutory duty to retain some types of data for specific periods of time* so can't delete everything immediately.

If you have a complaint about how we have kept your information secure, or how we have responded to a request to access, update or erase your data, you can refer us to the Information Commissioner's Office (ICO).

Please sign and date below to confirm that you have read this Privacy Notice and that you give your permission for us to contact you regarding relevant matters.

Signed: _____ Date: _____

Name: _____

** We do need to retain certain types of data (such as records of complaints, accidents, and attendance) for set periods of time after your child ceases to be in our care, but we delete as much personal data as we can as soon as possible.*



ROCKS AND PEBBLES LTD



Booking Form-Myatt Gardens After School Club

Child's name:

Date you would like your child to start:

All sessions start at 3:15pm and run until 6:00pm.

Fees per session: 3:15pm - 6:00pm = £11.00 per child or £50.00 weekly.

(Please tick the sessions that you require below)

| | 3:15pm-6.00pm |
|-----------|---------------|
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.

Signed:
(parent/carer)

Date:

Booking Form-Myatt Gardens After School Club

Child's name:

Date you would like your child to start:

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Fees per session: 3:15pm - 6:00pm = £11.00 per child or £50.00 weekly.

(Please tick the sessions that you require below)

| | 3:15pm-6.00pm |
|-----------|---------------|
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.

Signed:
(parent/carer)

Date:



ROCKS AND PEBBLES LTD



Parent Contract

Child's name _____

Parent or carer's name _____

- I consent for my child to attend Rocks and Pebbles. I understand that the club has policies and procedures (which are available for reference at the club), and that there are expectations and obligations relating both to the club and to myself and my child, and I agree to abide by them.
- I understand that Rocks and Pebbles is a play setting and that whilst my child is there Rocks and Pebbles is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- Once my child arrives at Rocks and Pebbles he/she will be in the care of Rocks and Pebbles until collected and signed out by an authorised person.
- I will notify the club before the start of the session if I am collecting my child from school on a day that he/she is booked to attend the club. I understand that I will be charged for the booked session.
- It is my responsibility to keep the club manager informed of any alterations to the information regarding my child (eg contact details, medical conditions, etc).
- I accept that my child may take part in messy activities while at Rocks and Pebbles. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
- Rocks and Pebbles closes at 6:00pm. If, due to unforeseen circumstances, I am going to be late, I will contact the manager/deputy as soon as possible.
- If I do not collect my child by 6.00pm I will pay a charge of £5 per quarter of an hour to cover the costs of the staff who are legally required to supervise my child.
- If I do not collect my child by 6.30pm, and the club has been unable to reach me or any of my emergency contacts, I understand that Rocks and Pebbles will follow its **Uncollected Children Policy** and contact Social Care.
- Whilst Rocks and Pebbles tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child's property whilst at the Club.
- I have read the club's **Behaviour Management Policy** and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the club, and I will pay for any missed sessions unless otherwise agreed with the manager.
- If there are any accidents or incidents at Rocks and Pebbles involving my child, I will be informed.
- If my child has an accident at the club, he/she will be treated by a qualified first aider and I will be informed as soon as possible. If my child needs urgent medical treatment and I am unavailable, a member of staff from Rocks and Pebbles will sign any consent forms necessary for treatment on my behalf, as stated on the club's **Medical Form**.

Rocks and Pebbles Ltd is the trading name of Rocks and Pebbles. Limited registered in England and Wales.

Registration No: 6415435

Director: Kate Asaf



ROCKS AND PEBBLES LTD



- Information held by Rocks and Pebbles regarding my child will be treated as confidential. However, in certain circumstances, for example if there are child protection concerns, I understand that the club has a legal duty to pass certain information on to other agencies, including Police, Social Care and health care professionals.
- I understand that aggressive and abusive behaviour towards staff will not be tolerated.

Please note:

Fees

Rocks and Pebbles operates a 'pay and play' policy and all fees are to be paid a minimum of a week in advance. If your child does not attend their booked session for any reason you will still be charged for the cost of the session.

Late payment

If you are late in paying your fees and they amount to £50 your child's place will be suspended until payment has been made. We reserve the right to add interest on overdue amounts.

I have read and **understood** the above terms and conditions and I agree to abide by them.

Signature: _____

Date: _____



ROCKS AND PEBBLES LTD



Rocks and Pebbles uses various ways to ensure parents receive up to date information about the club. One way we do this is via email, therefore could you please provide us with your email address so that you can be added to our list.

Thank you

Kate Asaf
Director

Child's
Name:.....

Parent/Carers Name.....

Name of
School.....

I wish to be contacted by email with news and information from Rocks and Pebbles, I understand that my email address will not be shared and I can opt out of receiving emails at any time. I agree to my email being added to a mailing list for the purpose of sending emails only.

Email
Address.....

Signed.....
Date.....

Office Use:
Please ensure this is slip is given to Carol
Date added to list:



ROCKS AND PEBBLES LTD



Payment of fees form

Please complete this form to instruct us how you will pay for childcare fees.

| | | |
|----------------------------------------------------------|----------------------|---------------------------|
| Child's Name | | |
| I will be paying fees by..... (please tick relevant box) | | |
| Cash | Bank Transfer | Childcare Vouchers |
| | | |

Signed.....

Date.....