

OFFICE USE ONLY

Added to Registers

Payments Set Up



# Breakfast and After School Club

## Registration Form

# September 2023

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Year: \_\_\_\_\_



# Early Birds and Night Owls

## Barnes Farm Schools

### Child Details

Child's Name		
D.O.B		
School BFIS <input type="checkbox"/> BFJS <input type="checkbox"/>	Class	
Main Language spoken at home:		
Does your child have any special needs/disabilities?	No	Yes – Please give details
Does your child have any medical requirements/conditions?	No	Yes – Please give details
Does your child require any medication that will need to be administered at the Clubs?	No	Yes – Please give details and ensure attached form is completed in full
Does your child suffer from any allergies? (Please check allergens list in Parent/Carer Information Pack)	No	Yes – Please give details
Does your child have any specific dietary requirements?	No	Yes – Please give details
Will you be paying via Childcare Vouchers? (Please see list in Parent/Carer Information Pack)	No	Yes – Please give details



# Early Birds and Night Owls

Any other relevant information that you feel we should know about your child - please give details.

For children attending Barnes Farm Infant or

Junior School who have a Medical or Dietary Care Plan, a copy will automatically be given to EBNO staff. Please sign below to give your consent for this.

Care Plans and any medication to be administered need to be given to EBNO staff before your child can start attending EBNO.

I consent to Early Birds and Night Owls staff holding a copy of my child's Individual Care Plan

Name: \_\_\_\_\_ Signed: \_\_\_\_\_



## Contact/Family Details

Who has parental responsibility for the child?	
Who does the child live with?	
Family Address	
Parent/Carers Name	
Parent/Carer Contact Details	<b>Home:</b> <b>Work:</b> <b>Mobile:</b> <b>Email:</b>
Parent/Carers Name	
Parent/Carer Contact Details	<b>Home:</b> <b>Work:</b> <b>Mobile:</b> <b>Email:</b>
Does your child have any siblings?	
Siblings name/s and DOB	



# Early Birds and Night Owls

**Name/s of person/s authorised to collect your child**

<b>Name</b>	<b>Relation to child</b>	<b>Contact numbers</b>

## Emergency Contact Names and Details

Please give three names, addresses, and telephone numbers additional to the above people and their relationship to the child:

These people should be contacted in the event of an emergency if anyone named previously is unavailable.

<b>Name</b>	<b>Relation to child</b>	<b>Address</b>	<b>Contact numbers</b>



## **CONSENT FORM**

### **EMERGENCY MEDICAL NEEDS**

In the event that my child is involved in a serious accident I expect to be contacted immediately via the telephone numbers I have given.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Child's name: .....

Signed: .....  
(parent/carer)

Date: .....

Print name: .....



# Early Birds and Night Owls

## CONSENT FORM

### PHOTOGRAPHIC CONSENT

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 Early Birds and Night Owls Clubs we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

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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 (e.g. 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

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: .....

Date: .....

*(parent/carer)*

Print name: .....



## Permission to administer medicine

<b>Child's name:</b>	<b>Date of birth:</b>
<b>Child's address:</b>	
<b>Parent/Carer's contact no:</b>	
<b>Doctor's name:</b>	<b>Telephone no:</b>
<b>Address of surgery:</b>	
<b>Reason for medicine:</b>	
<b>Name of medicine:</b>	<b>Storage requirements:</b>
<b>Dosage:</b>	
<b>Times to be administered:</b>	

I give permission for medicine to be given to my child in accordance with the details above.

Parent/Carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer's name: \_\_\_\_\_

- Staff at the Early Birds and Night Owls Clubs will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- We can only administer prescription medication if it has been prescribed for the child in question by a doctor, dentist, nurse or pharmacist. Note that we can only administer medication containing aspirin if prescribed by a doctor.

If you have any questions, please contact the school office.