



Brockhampton Primary Academy

Bringsty ~ WORCESTER ~ WR6 5TD

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Headteacher: Mr Matthew Mander

HOLIDAY CLUB REGISTRATION FORM

| | |
|------------------------|-------------------------|
| CHILD'S DETAILS | |
| Child's Full Name: | |
| Date of Birth: | Gender: Male/Female |
| Ethnicity: | Religion: |
| Home Language: | Other languages spoken: |
| Current Home Address: | |
| Postcode: | |

We need to have details of all persons who have Legal Contact and Parental Responsibility along with those who have permission to collect your child and may be contacted in the case of an emergency

| PLEASE START BY LISTING EACH PERSON WHO HAS PARENTAL RESPONSIBILITY FOR YOUR CHILD | |
|--|---|
| Name (contact 1): | Name (contact 2): |
| Relationship to child: | Relationship to child: |
| Parental Responsibility: Yes/No | Parental Responsibility: Yes/No |
| Address: | Address: |
| Postcode: | Postcode: |
| Home Telephone: | Home Telephone: |
| Mobile : | Mobile: |
| Work: | Work: |
| Email Address: | Email Address: |
| Is this person authorised to collect your child: Yes / No | Is this person authorised to collect your child: Yes / No |

| PLEASE DETAIL ANY ADDITIONAL PEOPLE WHO HAVE PERMISSION TO COLLECT YOUR CHILD | |
|---|---------------------------|
| Name: | Name: |
| Relationship to child: | Relationship to child: |
| Address: | Address: |
| Postcode: | Postcode: |
| Email Address: | Email Address: |
| Contact Telephone Number: | Contact Telephone Number: |

Are there any issues surrounding legal contact? Yes/No

If yes, please provide details on a separate sheet of paper. This will help us to safeguard your child at all times.

| MEDICAL DETAILS | |
|--|-------------------|
| Doctors Name: | Telephone Number: |
| Address: | |
| Health Visitor: | Telephone Number: |
| Address: | |
| Are there any other medical professionals such as speech therapists that help and support your child?: Yes/No | |
| If so please detail here: | |
| Are all of your child's immunisations up to date?: Yes/No | |
| Please detail any special medical notes/allergies/special diets/ other medical requirements : | |
| Please any special needs or other information we may need to care effectively for your child. Failure to inform us of any specific needs may delay your child's future development and the help we can give: | |

HOLIDAY CLUB PARENTAL AGREEMENT

Please sign the parental agreement overleaf and return to the school office. Your child will not be able to attend any sessions until a signed copy of the agreement has been received.

1. I understand that my child will not be able to attend the Holiday Club if the correct booking procedure has not been followed and payment has not been made in advance.
2. I understand that the full cost of the Holiday Club will not be refunded if the booking is cancelled, for any reason, within 72 hours of start date. Similarly, no refunds will be given as a result of absence due to illness.
3. I agree to Brockhampton Holiday Club seeking any necessary emergency medical advice or treatment, my child being taken direct to hospital, or being seen by the nearest doctor for emergency treatment. I authorise Brockhampton Holiday Club staff to sign any written form of consent by the Medical Authorities if I am unable to consent to treatment and my child's life is considered to be in danger by the Doctors.
4. I agree to the administration of prescribed medicines in the correct dosage by the Holiday Club Leader with a witness present. I shall complete a Medicine Form in all instances and will not hold the Holiday Club or its staff liable if I or my representative give incorrect information.
5. I agree to the use of individually wrapped sterile adhesive plasters unless I have already indicated an allergy on the registration form
6. I agree to collect my child promptly when requested to do so. I understand and agree to pay a Late Collection Charge of £5.00 for every 15 minutes thereafter the agreed collection time.
7. I understand that lunch and drinks are not included and will ensure my child brings their own packed lunch and drink with them.
8. I agree to supply named sunscreen suitable for my child, and give permission for its application. I will also provide named all-weather clothing to facilitate outdoor play.
9. I give permission for my child to have their face painted, unless I have indicated an allergy on the registration form.
10. I understand that my child's details will be held on a computerised data base and that consent for this is contained within the Parental Consent Record and that they will be used for no other purpose than Holiday Club business. I understand that if I require a copy of this personal information, I must make a request in writing.
11. I agree to be contacted via email or text message for the purposes of Holiday Club business.
12. I will ensure my child does not bring cameras, phones, game consoles or other devices with them. The Holiday Club are not liable or able to compensate for damaged/missing property.

I have read and understood the Parental Agreement and I agree to be bound by it and any other relevant booking terms and conditions that may be issued from time to time.

Childs Name

Signed: **Print Name:** **Date:**
(Parent/Legal Guardian)

Terms and conditions are subject to change without prior notice.
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