

Children Making A Change Registration

Child's Details

Name: Name: Name:	Surname: Surname: Surname:	What s/he likes to be called:
Date of birth and current age: 1. 2. 3.	School attended if applicable:	First Language:

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:			Email address:		
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					
Name:					

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:

Medical

Child's name:	Date of birth:
Doctor:	Doctor telephone:
Doctor's address:	
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 or dietary requirements? (an Allergy Management Plan will be put in place where required)	

Child's name:	Date of birth:
Doctor:	Doctor telephone:
Doctor's address:	
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 or dietary requirements (an Allergy Management Plan will be put in place where required)	

Child's name:	
Doctor:	Doctor telephone:
Doctor's address:	
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 or dietary requirements (an Allergy Management Plan will be put in place where required)	

Booking

Please fill in child's name, start date and tick the sessions that you require below

Child Name				
Start date				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Photograph Permission

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 (except when used in the child's own records).

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.

As the Parent or Carer 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)
- Club's official website
- Promotional material for the Club (eg flyers, advert, poster)
- I do not consent

Contract with Parents

I understand that CMAC is a play setting and that whilst my child is there CMAC is legally responsible for him/her.

Service:

- Once my child arrives at the club he/she will be in the care of the club until collected and signed out by an authorised person.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- I accept that my child may take part in messy activities while at the club. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
- Should there be any incidents at the club involving my child, I will be informed of the situation.
- If my child has an accident at the club, he/she will be treated by our 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 the club will sign any consent forms necessary for treatment on my behalf.
- Whilst the club 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.

Bookings and Fees:

- I will book my child into the club on a weekly/termly basis and will pay promptly in advance for all booked sessions whether my child attends or not (eg due to illness or holidays). See **Fees Policy**
- 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.
- Where the club has endorsed any funding claims the club is legally obliged to notify funder if child is not in attendance.
- I will give two weeks' notice if I am changing my days or cancelling my place.
- 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.)

Behaviour:

- 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.
- I understand that aggressive and abusive behaviour towards staff will not be tolerated and will result in your place being terminated.

Collection:

- CMAC closes at 5.45pm. If, due to unforeseen circumstances, I am going to be late, I will contact the club as soon as possible.
- Only contacts on registration form will be permitted to collect your child. Inform us prior with a password if you're sending someone else.
- If I do not collect my child by 5.45pm I will pay a charge of £5.00 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 CMAC will contact Social Services.

Safeguarding:

- Information held by the club 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 Services and Health Care professionals.

I consent for my child to attend CMAC. Please book my child for the days indicated. I understand that the Club cannot give refunds for any sessions that I have booked, but which my child does not attend.

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

Name printed: _____

Signature: _____

Date: _____