

**OSCAR CLUB**

**REGISTRATION FORM AND PARENT CONTRACT**

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| **CHILD’S DETAILS** Boy Girl Prefer not to say Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please indicate your child’s attendance pattern required. Please note that we can offer sessions from 7.45am-5pm. If you would like longer sessions please speak to a member of staff.** **Do you receive 2 year old funding? Yes/No** |
|  | Morning09:00 – 12:00 | Longer Morning09:00 – 13:00 | Afternoon13:00 – 15:00 | Longer Afternoon12:00 – 15:00 | Full Day09:00 – 15:00 |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| **Preferred start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **MEDICAL DETAILS**Doctor surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Practice address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are all immunisations up to date: Yes NoIf no, state exceptions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any information or special needs we may need to care effectively for your child:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Any special medical needs (please detail):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any special dietary requirements (please detail):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any allergies (please detail):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Are there any other services involved with your child or family?** |
| Paediatrician | Yes | No | Date involvement commenced |  |
| Name |  |
| Contact information and telephone number |  |
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| Social Services | Yes | No | Date involvement commenced |  |
| Name |  |
| Contact information and telephone number |  |
|  |
| Speech and Language | Yes | No | Date involvement commenced |  |
| Name |  |
| Contact information and telephone number |  |
|  |
| Family Support Worker | Yes | No | Date involvement commenced |  |
| Name |  |
| Contact information and telephone number |  |
|  |
| Any other service | Date involvement commenced |  |
| Main service provided |  |
| Main contact name |  |
| Contact information and telephone number |  |
|  |  |
| Any other service | Date involvement commenced |  |
| Main service provided |  |
| Main contact name |  |

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| **PARENT/GUARDIAN DETAILS**Name/s and contact details of those with parental responsibility |
| PARENT GUARDIANFull name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parental responsibility Yes No | PARENT GUARDIANFull name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parental responsibility Yes No |
| Who does the child live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact details:Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_National Insurance number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact details:Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_National Insurance number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please provide details of any other person with parental responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **AUTHORISED TO COLLECT**Please provide names and contact numbers of any other persons who have permission to collect your child. |
| Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EMERGENCY CONTACT**Please provide names and contact numbers of any other persons who can be contacted in an emergency if you are not available. |
| Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PASSWORD**Please provide a password that may be used to authorise an emergency collection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PARENT CONTRACT**This is a contract between Oscar Club and parent(s) or legal guardian of a child(ren) that attend our setting. Oscar ClubOscar Club is a committee run breakfast club, pre-school and after-school club. Oscar Club is registered with Ofsted and operates within their regulations, guidelines and rules. The contract1. Due to the long-term commitment we make when reserving a child’s place, we require a minimum of one month’s written notice to reduce or cancel your child’s normal booking.
2. I understand that increasing sessions is subject to availability.
3. Our hours of opening are Monday to Friday 7.45am – 6pm term time only. Our usual pre-school hours run from 9am – 3pm but as we run breakfast and after-school clubs, extended sessions can be booked.
4. Pre-school charges are billed every half term and must be settled before the next half term holiday. All breakfast and after-school sessions must be paid for at the time of booking. We reserve the right to increase our fees at any time giving one month’s notice to parents. Our fees include any sick days or holidays taken by the family. Refunds or credit will not be given for days where your child does not attend due to sickness or holiday.
5. Please advise us if your child will not be attending due to illness. A child who is ill (eg. fever, infection, diarrhoea or any other type of illness that may be passed on to others with the exception of the common cold will be kept at home to protect the well-being of staff and other children in our care. Children will not be allowed to return to pre-school until 48 hours after the last bout of sickness or diarrhoea.
6. If you have any health and safety queries please speak with our Manager. We would ask all parents to make sure doors are closed when entering or leaving the building and that they are mindful of little fingers.
7. I agree to notify Oscar Club of any new person who is to collect and deliver my child to and from sessions. I understand that if any person unknown to Oscar staff arrives they will not be allowed to take my child off the premises until I have been contacted to ensure they are known to me and have my permission to do so.
8. I understand that there is a late collection fee of £1 per minute.
9. Under the General Data Protection Regulation I understand and agree that the details on this registration form may be kept on computer for the use of the Oscar Club staff and Voluntary Management Committee; no details which could lead to the identification of myself or my child will be passed to any third party without my written consent.
10. If my child needs medicine to be administered during any Oscar session, I understand and agree that I must complete a Medicines Consent Form giving permission for Oscar staff to do so.
11. I understand and agree that Oscar Club cannot accept responsibility for my child’s possessions or valuables whilst they are attending any sessions and that for insurance purposes children will not be allowed to use any personal wheeled toys such as scooters, roller blades, go karts etc during sessions.
12. I understand and agree that when my child is taken to or collected from any Oscar session, I will not drive onto the school premises and I will inform all those I have nominated to deliver or collect my child to and from Oscar sessions of this stipulation.
13. I understand and agree that neither I nor any of the people I have nominated as able to collect and deliver my child to and from Oscar sessions will:
* Harass any Oscar staff or Voluntary Management Committee members.
* Make : (i) any untrue statements; or

(ii) any statements of opinion without objective justificationin any form which may be taken to cause them damage in their professional calling or capacity as a VMC member or to damage the reputation of the Club.1. I understand and agree that in the event of a breach of this agreement or persistent contravention or any of the Oscar Policies referred to in it by me, my child, or any of the people I have nominated as able to collect and deliver my child to and from Oscar sessions, Oscar may terminate the agreement, rescind my child’s registration and that I shall forfeit such fees as I have paid and shall have no claim for damages or compensation in respect of such termination.
2. By signing this form I acknowledge that I have read them and understand all the conditions, and that I and my child both accept and agree to abide by Oscar’s Anti-Harassment Policy, Exclusions Policy, Rules on Discipline and all Oscar policies and procedures (copies of which are available upon request) and I understand to ensure that any person I nominate as able to collect or deliver my child will also abide by these policies, procedures and agreements.

CONSENTS**Emergency first aid**Should my child require it, I give my consent for my child to have basic first aid administered. This includes application of sticking plasters and over the counter creams suitable for childhood conditions. *Please note any creams must be supplied by the parent/carer.* Yes [ ]  No [ ]  **Emergency medical treatment**I give my permission for a member of staff to accompany my child to hospital in an ambulance should the need arise. I understand that all medical decisions are the responsibility of medical professionals and that I will be contacted as soon as possible. Yes [ ]  No [ ] **Outings**I give permission for my child to go on walks and outings under the supervision of Oscar Club staff. I understand that I will be given prior notice of such events. Yes [ ]  No [ ] **Suntan lotion**I give permission for sun cream to be applied to my child. Yes [ ]  No [ ] **Using the internet**At Oscar Club we appreciate that there are many benefits from the appropriate use of the internet within the setting. In pre-school, internet access will be limited. It will be used to enhance a particular learning activity or the children will have access to specific pre-selected and approved sites and will always be supervised.We access the internet through our own internet provider which operates a filtering system in line with LEA requirements. This filtering system restricts access to inappropriate materials. However, it is impossible to give an absolute guarantee that the supervision and filtering devices will prevent access to undesirable material. Therefore, it is necessary to seek parental permission before allowing children to access sites on theinternet. I give permission for my child to use the internet under supervision. Yes [ ]  No [ ] **Outdoor play equipment** I give my consent for my child to use age-appropriate large play equipment in the outdoor are whilst attending the setting named above. Yes [ ]  No [ ] **Cleaning**Should my child require it, I give consent for them to be cleaned if they get severely soiled. Yes [ ]  No [ ] **Observations**I give my consent for my child to have observational assessments recording progress. I understand that the setting has a legal obligation to carry out observations in accordance with the Early Years Foundation Stage Framework (EYFS). The observations will track my child’s development and may be shared with other EYFS providers. If it is a joint/group observation I understand that my child’s name and photo will be visible. They will also be shared with Ofsted. Yes [ ]  No [ ] **Sharing of information**I give consent for progress information regarding my child to be shared with other EYFS providers and relevant professionals. Yes [ ]  No [ ] **Photos/website**I agree to photographs being taken of my child within the pre-school environment. Yes [ ]  No [ ] I give permission for photos of my child to be used on Oscar’s website. Yes [ ]  No [ ] I give permission of my child to be used on Oscar’s closed Facebook group. Yes [ ]  No [ ] I confirm that I will not share any of these photos on my personal Facebook page. Yes [ ]  No [ ] It is our aim at Oscar Club to ensure that all children who attend are kept safe and receive the best support. Where we feel that children may be at risk we will share appropriate information with the necessary professionals. **ACCEPTANCES**The parent/guardian has read and understands the terms and conditions contained and undertakes to be bound by the same.I confirm that I have read and understand all the information contained within the Oscar Club Information Pack.This agreement must be signed by all persons with parental responsibility.SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_(Parent/Legal Guardian)SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_(Parent/Legal Guardian |