**Woodland Park Afterschool**

**Before and After School plus School Holiday Care**



Dear parents,

We are very excited to announce that we will be opening an afterschool service in Scoil Phadraig next September:

1. Breakfast club 7.45am to 8.35am €5 per morning.
2. After school for junior and senior infants 1.35pm to 2.35pm €5 per day
3. After school service 2.35pm to 6pm €18 for up to 3 days or €75 per full week.

There will be discounts for siblings.If you are interested in any of the above or would like more details please email/call. [woodlandparkpreschool@gmail.com/](mailto:woodlandparkpreschool@gmail.com/) 086 130 2154

We’ve been listening to you telling us how much your children miss the adventurous play and warm interactions they experienced at preschool and we know that many of you continue to have childcare needs when your children are in primary school. We have decided to open a breakfast club, afterschool club and school holiday club for primary school children from Junior Infants to Sixth Class.

But this is no ordinary Afterschool facility…

Like it’s sister, Woodland Park Preschool, we aim to provide the highest possible standards in line with international best practice:

* Junior and Senior Infant children will be invited to use our preschool room in the first hour after they arrive. They can unwind and play in all the interest areas along with our experienced staff.
* When the older children arrive, we will serve a healthy, hearty, and nutritious snack.
* Time will be allocated for homework directly after snack.

*So far, it’s not very different to other school age childcare facilities… but wait…*

* After snack and homework, children of all ages will be encouraged to play outside for as long as possible. We will provide plenty of storage for weather proof outdoor clothing.
* The children will have more freedom. Accompanied by trained adults, they will explore our woodland setting and be encouraged to climb trees and build dens. The group will sometimes visit the nearby green for sporting activities, go swimming or walk along the greenway to the outdoor gym, skate park and basketball court. The group will decide the day’s activities together.
* When indoors, the children will enjoy art, music, cosy book area, sand, water, construction activities, dress up and pretend play. The adults will join in their activities and help them resolve any conflicts that arise.

Younger children are usually very happy to attend a school age facility that reminds them of preschool. After the formality of school, all they want to do is play and our rich environments, interest areas and props will help them fulfil all their play needs.

However, from research we have discovered that older children can be very unhappy in out-of-school settings which have lots of rules and/or a school-like culture. We want to give older children freedom to roam and to mature through age appropriate risky play, whilst having an experienced adults to fall back on for support when needed. We want children of all ages to be engaged in meaningful activities at all times and to thoroughly enjoy their time with us.

For further information, please email [woodlandparkpreschool@gmail.com](mailto:woodlandparkpreschool@gmail.com)

Regards,

Woodland Park



**Woodland Park Afterschool**

**Breakfast Club and After School**

0871185643/ 0861302154

woodlandparkpreschool@gmail.com

**PRICE LIST**

Breakfast Club:

1 Hour Service; 7.35am to 8.35am €5 per day or €4 per day for 5 days

Afterschool Club:

Junior and Senior Infants (one hour only); 1.25pm to 2.25pm €25 a week (€5 a day; no sibling discount)

1.25pm to 6.15pm x 5 days a week €80 a week (Sibling Discounts – see below)

2.35pm to 6.15pm x 5 days a week €75 a week (Sibling Discounts – see below)

0r €18 per day

Breakfast and Afterschool Combined Rates:

Combined rate discounts only apply to 5 day bookings

Breakfast and Junior & Senior Infants hour €45 a week

Breakfast and Short Afternoon (2.35pm to 6.15pm) €80 a week

Breakfast and Long Afternoon (1.35pm to 6.15pm) €90 a week

Part time/ drop ins €5 per hour

Sibling Discounts for Afterschool (same discounts apply to Combined Breakfast and Afterschool)

*Weekly sibling discounts are the same regardless of the number of days booked*

2 siblings 1.35pm to 6.15pm €10 weekly discount off total bill

3 siblings 1.35pm to 6.15pm €20 weekly discount off total bill

4 siblings 1.35pm to 6.15pm €40 weekly discount off total bill

2 siblings 2.35pm to 6.15pm €5 weekly discount off total bill

3 siblings 2.35pm to 6.15pm €10 weekly discount off total bill

4 siblings 2.35pm to 6.15pm €20 weekly discount off total bill

We offer NCS to eligible families. The discounts applied depend on the benefits your family claims from Department of Social Protection. Please ask us for more details.

**PRICING SCHOOL AGE CHILDCARE FOR EVERY POSSIBLE SCENARIO IS VERY DIFFICULT. WE BELIEVE OUR RATES OFFER VERY GOOD VALUE FOR MONEY – THE HIGHEST RATE PER HOUR IS €5.00 AND IT IS POSSIBLE TO PAY LESS IF YOU SIGN UP TO THE NEW NATIONAL CHILDCARE SCHEME.**

**THEREFORE, WE DO NOT OFFER ANY RATES OTHER THAN THE ONES LISTED ABOVE. PLEASE FIND THE NEAREST RATE TO SUIT YOUR REQUIREMENTS.**

**AFTERSCHOOL CHILD REGISTRATION FORM**

**Note to Parents/Guardians**

***Please ensure that you read this form carefully and answer all questions. We have a responsibility under the Child Care Act 1991 (Early Years Services) Regulations 2016 to collect specific information relating to your child. Also, the more information we can gather the better quality a service we can provide. Thank You!***

**BOOKING INFORMATION**

START DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FUNDING SCHEMES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYS PER WEEK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOURS PER DAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form should be signed by the parents/guardians in the areas with \* and witnessed by the afterschool Manager or Designated Person in Charge.**

**Name of child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Other Children Attending the service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: (Tel) Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: (Tel) Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who may be contacted in an **emergency** if parents are not available?

**Name and Address:** (Tel) Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm that the above persons have been informed by me that their details have been shared with the service**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family doctor**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical history (Please outline any illnesses your child may have)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTE Medical Care Plans may be required**

Does your child have any allergies?Yes \_\_ No \_\_

**If Yes, please complete the Form Below**

|  |
| --- |
| What is the child allergic to? |
| What is the nature of the allergic reactions? e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc. |
| What to do in case of allergic reactions, any medication used and how it is to be used? (e.g. Epipen). |
| Is Medication Used? |
| Control measures – such as how the child can be prevented from contact with the allergen. |
| Other Comments |

To be filed in the child’s records and be available to staff

**PRESCRIBED MEDICATION**

Parents must sign and complete a medication form before prescribed medication is administered. Prescribed medication must clearly state child's name, dosage, route of administration, date and expiry date. We can only accept medicine that has the original pharmacy label and is written in the English language.

**AGREEMENT FOR MEDICAL TREATMENT**

I hereby give consent to my child (name of child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ receiving medical treatment if a doctor thinks it is required as an emergency and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

In the event of an emergency an ambulance will be called. The parent will be contacted and informed about the emergency.

\*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT FOR ANTI FEBRILE MEDICATION**

The service will only administer ‘Calpol’ (paracetamol) or Nurofen (Ibruprofen) if a child becomes unwell and has high temperature of 38°C or over. If a child has a high temperature the parent will be contacted before staff administer the *temperature reducing medication* and they will be asked to collect the child.

My child **does/does not** have an allergy to anti-febrile medication.

I hereby give consent/do not give consent to (name of child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive anti-febrile medication, in the event of a high temperature.

\*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMMUNISATIONS**

6 in 1 (All) Yes [  ] No [  ] Dates \_\_\_\_\_\_\_\_\_

Pneumococcal Conjugate Vaccine (PCV) Yes [  ] No [  ] Dates \_\_\_\_\_\_\_\_\_

Meningococcal C (Men C) Yes [  ] No [  ] Dates \_\_\_\_\_\_\_\_\_

Mumps / Measles / Rubella (MMR) Yes [  ] No [  ] Dates \_\_\_\_\_\_\_\_\_

Haemophilus Influenzae B (HIB) Yes [  ] No [  ] Dates \_\_\_\_\_\_\_\_\_

Oral Polio Yes [  ] No [  ] Dates \_\_\_\_\_\_\_\_\_

Meningitis C Yes [  ] No [  ] Dates \_\_\_\_\_\_\_\_\_

**We ask Parents to supply a copy of all vaccinations the child has received**

Copy of vaccination record attached? Yes [  ] No [  ]

I confirm that my child has been vaccinated on dates as above

Signed Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that my child has been vaccinated but cannot access details of dates

Signed Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any additional special needs? *Note: You may be required to complete separate care plans in respect of your child relating to their additional/special need.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If your child is not vaccinated, we require you to sign a disclaimer form**

**FORM FOR COMPLETION IN RELATION TO UNVACCINATED CHILDREN**

**NAME OF CHILD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Of Birth :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have decided that my child will not be vaccinated according to the HSE recommended schedule.**

**I understand that in a group childcare setting the consequences may include:**

**Contracting the illness that the vaccine is designed to prevent**

**Transmitting the disease to others**

**I understand that if is there is a disease breakout this may necessitate my child staying at home. This will only be done with advice from a medical practitioner and in the best interest of all children.**

**I will not hold the service responsible if my child contracts an illness because he/she is not vaccinated**

**All information regarding your child remains confidential**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUN POLICY**

We ask parent(s)/Guardians to leave a ‘sunny day bag’ with sun hats, sun glasses etc. in our service. All children will be required to wear a hat when playing outside in the sun. The service will encourage all children to wear clothes that provide good sun protection e.g. sun hats, sunglasses. The servicewill also encourage children to cover very exposed areas of the skin, such as shoulders.

We ask parent(s)/Guardians to bring in a labelled bottle of unopened sun-cream of at least 40 SPF. Staff will apply the sun-cream to children before they go outdoors.

I give permission for sun-cream to be applied to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the labeled sun cream supplied. The sun cream will be applied in the correct way all over the body and in the correct amount. I will bring in an unopened and labelled bottle of sun-cream of at least 40 SPF.

\*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give permission for my child**

To go on local outings Yes [  ] No [  ] N/A[  ]

To have their photo taken (by tablet, app, camera, phone) Yes [  ] No [  ] N/A[  ]

To display photographs within the setting (including group photographs) Yes [  ] No [  ]

You may be asked to sign for other specific permission relevant to the service.

\*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD PROTECTION**

We have a moral and legal obligation to ensure that all children in our care are protected, and their health and welfare are safeguarded.

Our staff are mandated to report any concerns

All staff in the service arevetted through the Garda vetting unit and have the correct qualifications to work with children. We act to protect children from harm, which may arise. It is our duty in this case to question the cause of any behaviour, bumps, bruises or unusual markings. Our main concern in the serviceis to safeguard and protect the welfare of children. We have a responsibility to identify report and record any suspicions of child abuse to Tusla the Child and family Agency. We have a responsibility to respond to all child protection concerns.

**COLLECTION AUTHORISATION**

I authorise the following people to collect my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the event of my absence. I acknowledge unless I have spoken to the Manager my child **cannot** be collected by any other person.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Tel) Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Tel) Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Tel) Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm that the above persons have been informed by me that their details have been shared with the service**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Separated and Divorced Parents**

Married parents are automatically joint guardians of their children. Neither separation nor divorce changes this.

By law, an unmarried mother is the automatic guardian of a child born outside of marriage. In some circumstances, unmarried fathers have automatic access. The service should be informed about access rights. Unmarried fathers will automatically become guardians of their children if they meet a cohabitation requirement. An unmarried father who cohabits for 12 months with the child's mother, including 3 months following a child's birth, will automatically become the child's guardian. This provision is not retrospective, so guardianship will only be acquired automatically where the parents live together for at least 12 months (applies to children born after 18 January 2016.)

* We cannot refuse either parent to collect their child unless a court order is in place.
* We ask that parents give us information on any person that **does not** have legal access to the child.
* Where custody of a child is granted to one parent, we would ask you to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there is any legal documents i.e. custody order, barring order we would ask you to provide us with a copy to keep on file.

**Please ensure the following are attached**

Copy of immunisation record

Photo of child, parent/guardian and other collectors

**And if applicable**

Medical Emergencies Care Plan Other Care Plans Dr/Consultant Notes

**ALL ABOUT ME (THIS IS OPTIONAL)**

We believe it is important to know as much as we can about a child before they start our service. Completion of the following section of this registration form is optional for parents and guardians, but we believe it helps us to get to know the child and helps settle a child into the service if we know things about them.

Does your child have any brothers or sisters?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What languagesarespoken at home?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child any previous experience of afterschool?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you comfort your child when he/she is upset? Does he/she need any comfort toys?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any other information you would like us to know?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food: special diet, restricted foods

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Privacy - Consent for Collection and Usage of your personal data**

**Please ensure that all parents or guardians whose information has been supplied in this form read and complete the following.**

I have read the Service’s Policies, Procedures and Statements, and I understand the reasons for requesting the personal information sought about myself and my child in this Registration form.

I consent to the collection and processing of the data given, for these purposes, by [Service name]

I understand that I can request a copy of this information, and revise or withdraw my consent by contacting the service at any time.

Parent or Guardian’s signature (1)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s signature (2)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/designated person’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_