

Zigzag Wrap Around Care Registration Form

Please complete this form in full before returning to Zigzag or the school office. **Completing this form does not automatically guarantee you a place.** Places are allocated on a first come, first served basis. Once in receipt of this form, a member of staff will be in contact with you surrounding availability of sessions and start date. On the unfortunate circumstance, that a place is not available straight away, your child will be added to a waiting list. Please refer to the Zigzag information booklet for further information.

Thank you!

Child's Details

| | | | |
|--|-----------------------|------------------------|--|
| First Name: | | Surname: | |
| What she/he likes to be called: | | Date of Birth: | |
| Religion: | Ethnic Origin: | First Language: | |
| Address: | | | |
| Postcode: | | | |
| Do they have siblings who attend Zigzag? If so, please name them below: | | | |

Sessions Required

Please tick next to the sessions you require

Breakfast Club - £4 per session

| | | | | | | | | | |
|--------|--|---------|--|-----------|--|----------|--|--------|--|
| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
|--------|--|---------|--|-----------|--|----------|--|--------|--|

Afterschool Club - £7 per session

| | | | | | | | | | |
|--------|--|---------|--|-----------|--|----------|--|--------|--|
| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
|--------|--|---------|--|-----------|--|----------|--|--------|--|

Main Contact Information

It is your responsibility to make sure anyone listed on this form has your prior permission for us to contact them, if an emergency arises. It is also your responsibility to make sure you update us with any changes to the following contact details.

| Parent/Carers Details | | |
|--|--|--|
| 1 st Contact | | 2nd Contact |
| Name: | | Name: |
| Address: | | Address: |
| Postcode: | | Postcode: |
| Telephone numbers Home: Work: Mobile: | | Telephone numbers Home: Work: Mobile: |
| Email address: | | Email address: |
| Relationship to child eg mother, father... | | Relationship to child eg mother, father... |
| Do you have parental responsibility? | | Do you have parental responsibility? |

Please give details of two additional contacts who are likely to collect your child if you cannot and who can be contacted in case of an emergency. **This part must be completed if your child is attending afterschool club.**

| Alternative Emergency Contact | | |
|---|--|---|
| 3 rd contact | | 4 th contact |
| Name: | | Name: |
| Address: | | Address: |
| Postcode: | | Postcode: |
| Telephone numbers Home: Work: Mobile: | | Telephone numbers Home: Work: Mobile: |
| Relationship to child eg auntie, family friend... | | Relationship to child eg auntie, family friend... |

Password (required for after school only)

A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and not something that would be easy for others to guess.

Please do not use obvious things such as middle names. The password is required from anyone collecting your child, who we are not familiar with. If they do not have the password we will not release your child to them, until we make successful contact with those holding parental responsibility.

Password:

Medical & Dietary Information

Does your child have a medical condition?

Yes

No

If yes please provide details...

Does your child take regular medication?

Yes

No

If yes please provide details...

If your child has an inhaler and/or epipen please provide the club with one, named clearly. If you have any difficulties accessing an additional inhaler and/or epipen please make us aware so that we can ensure we have access to school's medication outside of school's operating hours.

Does your child have any special dietary requirements? If yes, please provide details.

Doctor's Details

Name of doctor:

Name of doctor's surgery:

Medical Consent

Please read the following statement carefully and tick your preference.

I consent to any emergency medical treatment necessary during the running of the club. I authorise staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by medical professionals to endanger my child's health and safety.

Yes

No

Signature:

Print Name:

Date:

If no please give details of any wishes you may have...

Special Educational Needs

Does your child have any Special Educational Needs?

Yes

No

If yes, please state the special educational need they have and information you feel the club needs to be aware of...

General Information

Are you happy for your child to be photographed for display purposes?

Yes

No

Some of our planned activities may involve an element of messy play, are you happy for your child to take part? We will give advance notice if we feel spare clothes are needed.

Yes

No

Some activities may involve playing on the play equipment on the school field. Do you give permission for your child to take part in these activities?

Yes

No

For special events, we may offer face painting or temporary tattoos. We will also warn parents in advance, do you give permission for your child to have these?

Yes

No

Please provide any further information you feel necessary or would like members of staff to be aware of:

(Might include anything you would not like your child having, activities you are not happy with them participating in, any major dislikes or phobias...)

Wrap Around Care Payment

Child's Name:

Payment must be paid at least once week in advance. This is to cover club costs, such as food. Alternatively, paying for your fees monthly, half termly and termly in advance is welcome.

Falling into arrears by two weeks and/or £50, depending on which one comes first, will result in your child's place being terminated without notice.

If you need help working out your weekly costs, please ask a member of staff who will be happy to assist with this.

Please tick your chosen method of payment

| | | | | | | | | | |
|-------------|--|---------------|--|--|--|--|--|--|--|
| Cash | | Cheque | | Bank Transfer/ Standing Order | | School Cash Office (SCOPAY) | | Childcare Vouchers from Employers | |
|-------------|--|---------------|--|--|--|--|--|--|--|

If childcare vouchers are being used and you know the reference please write below:

By signing and returning this form you are agreeing to the following:

- I understand that booked sessions should be paid at least one week in advance
- I understand that I must give two weeks' notice if I wish to cancel booked sessions, otherwise I will still be charged
- I understand that if my child does not attend a booked session I will still have to pay for it
- I understand that falling into arrears will result in my booked sessions being terminated without notice

Signed:

Please print name:

Date:

Agreement

By signing below I am agreeing to the following:

- I consent to my child attending this club. I understand that the club follows school's policies and procedures in place, which I can access via the school website and hard copies from the Zigzag office. There are expectations and obligations relating to the conduct of myself and my child and I agree to abide by them. I understand that failure to do so will mean that my child will no longer be able to attend the club.
- I understand that persistent late or non-payment of fees may jeopardise my child's place. Late collection from afterschool club will result in a financial penalty that must be paid before my child attends their next session.
- I understand that staff cannot be held responsible for any lost or stolen items.
- I understand that the information given on this registration form is confidential. However, there may be times, for example in the case of safeguarding concerns, when details may be passed to other agencies in line with the school's child protection policy.
- I confirm that the information given on this form is correct.
- I understand that I must give two weeks' notice if I wish to cancel my child's place. Sessions booked but not attended, I still have to pay for.
- Parents/carers are responsible for updating the club with any changes in personal information including home address, emergency contact numbers and medical information.

The information I have given on this registration form is accurate and up to date. I have read the information booklet and I am familiar with school's policies and procedures. By signing this registration form I agree to abide by them and understand that my child's place is at risk should I not do so.

Signed:

Please print name:

Date: