



**BASSINGBOURN OUT OF SCHOOL CLUB
BOSC CHILDCARE LTD
OFSTED Registration Number: EY484115**

“Play is what I do when everyone stops telling me what to do”

Registration Form

Data Protection: We are committed to ensuring that any personal data we hold about you and your child is protected in accordance with data protection laws and is used in line with your expectations.

All children who attend this Club must be registered with us. They will be collected from either Bassingbourn Pre-School or Bassingbourn Primary Community School at the end of the school day and will remain at the Club until collected by the registering Parent/Carer or someone authorised by you to collect them.

Please complete the form below and return as soon as possible with your Non-refundable Registration Fee of £30.00.

NB: The information that you provide within this form will be private and confidential and will not be shared with any Third Parties unless we believe that the safety and welfare of your child is at risk.

PLEASE BE AWARE THAT WE OPENLY PRACTICE CHILD PROTECTION PROCEDURES AND WILL TAKE APPROPRIATE ACTION IF NECESSARY

Four weeks written notice when termination of contract.

Parent’s Email address:

Child’s Details (General):

Child’s Full Name:

Known As:

Date of Birth:

Age:

Gender:

Address:

Home Telephone Number:

Is your child Adopted/Fostered:

If so, from what age:

Religion:

Country of Birth:

Ethnicity:

Home Language:

First Language:

Second Language:

Nationality:

School Attended:

Teacher/Keyworker:

Name of any child(ren) and age(s) with whom the child lives with:

What are your child's favourite activities?

Is there anything your child doesn't like or is scared of (e.g. food, games, animals etc.)?

Details of professionals involved with your child:

Doctor's Name:

Address:

Telephone Number:

Social Care Worker (*if applicable*)

Name:

Address

Telephone Number:

(If applicable) What is the reason for the involvement of the social care department with your family? NB If the child has a protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in child's file.

Does your child have any on-going medical conditions? If so, please specify:

If yes please specify which external agencies, if any, are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc.:

Does your child require a health care plan? Yes No

If necessary can we use Elastoplast? Yes No

Is your child known to have any allergies or food intolerances? If so, please specify:

Please provide full details of any Medical Conditions your child has:

Please provide full details of any Serious Operations your child has had:

Please provide full details of any Distinguishing Marks your child has (e.g. Birth Mark):

Please provide full details of any Special Needs your child has:

In the event that my child may need to take medication on an Ad Hoc basis (e.g. medication prescribed by their Doctor) I give permission for my child to be administered this medication by a Member of Staff.

Print Name:

Signed:

NB: Any medication should be clearly labelled.

Parent/Carer's Details:

Mother/Carer's Full Name and Title:

Job Title and Company:

Daytime Telephone Number:

Mobile Telephone Number:

Father/Carer's Full Name and Title:

Job Title & Company:

Daytime Telephone Number:

Mobile Telephone Number:

Who has Legal Responsibility for your Child:

Do you have any local family support:

Emergency Contacts:

In case of an emergency please provide details of who should be contacted should we not be able to get a hold of you. NB: For the health and welfare of your child the Emergency Contact should be able to get to Bassingbourn Out of School Club within 30 minutes.

Emergency Contact 1:

Full Name:

Telephone Number:

Relationship to child:

Emergency Contact 2:

Full Name:

Telephone Number:

Relationship to child:

I CONFIRM I HAVE RECEIVED THE CONSENT OF THIS INDIVIDUAL TO PASS THEIR CONTACT DETAILS TO YOU SOLELY FOR THE PURPOSE OF BEING A CONTACT FOR MY CHILD. PLEASE SIGN:

In the event that my child is involved in an accident I give permission for my child to be given First Aid by a qualified Member of Staff as required.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the Staff Member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Print Name:

Signed:

Sharing Information:

Occasionally it is necessary to share information with Bassingbourn Community Primary School and other Authorities connected to Ofsted and Cambridgeshire Care and Education. Due to confidentiality we require your authorisation to share information with regards to your child. Your signature at the end of this form gives your consent.

I give permission for any Member of Staff to:

Take my child for activities in the local area	Yes/No*
Take my child to hospital for Emergency Treatment	Yes/No*
Take photos of my child to be used for Internal Use	Yes/No*
Take photos of my child to be used on Bassingbourn Out of School Club's Closed Facebook Page (NB: Your child will not be named)	Yes/No*

***Please Delete as Applicable**

Sun cream

I agree to apply sun cream to my child before they attend School/ Holiday club on days when it is necessary. I also give permission for staff to administer a further application of sun cream if necessary. You must supply your own sun cream in a named bottle.

Printed name:

Signed:

Date:

Security:

Bassingbourn Out of School Club is committed to the safeguarding of all children in its care. As such only you as the recognised Parents/Carers will be permitted to collect your child from Bassingbourn Out of School Club, unless prior arrangements have been made with us.

If it is necessary for someone else to collect your child, you must inform us immediately by telephone and advise us who this person is and when they collect your child they will be asked for a password. This Password will be checked against your child's Registration Form. Should the person attempting to collect your child give an incorrect password we will not allow your child to leave with them. Please provide a password below:

Password:

Days Childcare Required:

Please indicate in the boxes below the days for which you would like childcare with Bassingbourn Out of School Club.

Breakfast Club:

Monday	Tuesday	Wednesday	Thursday	Friday

Out of School Club:

Monday	Tuesday	Wednesday	Thursday	Friday

Anticipated Start Date:

Payment of Fees:

I agree to pay any outstanding fees within 4 weeks of the invoice being issued. I understand that if my fees have not been paid within 4 weeks of the date of invoice, then BOSC will follow the steps as outlined in our “Late Payment of Fees” policy, which could result in the suspension of my child’s place at BOSC. We are aware that families have varying financial constraints and we will always endeavour to support families where we can. Please speak to Linzi Cavanagh as soon as possible about any difficulties in paying fees.

Parent/Carer’s Signature:

I certify that to the best of my knowledge, the information on this form is correct.

Print Name:

Signed:

Date: