**Before & After School Club Manager**:

E-mail: grove@coopacademies.co.uk

Telephone: Co-op Academy Grove 01782 234550

**Information recorded herein is confidential –** see Academy Confidentiality Policy

**Child’s Personal Details:**

**Full name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: (day/month/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: \*Male \*Female** *\*Please delete as appropriate*

**Child’s Home address:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Parents/Carers Details:**

|  | **Parent/Carer 1 (Full Name)** | **Parent/Carer 2 (Full Name** |
| --- | --- | --- |
|  **Relationship to child:** |  |  |
| **Home address:****Postcode:** |  |  |
| **Home Telephone:** |  |  |
| **Work Telephone:** |  |  |
| **Mobile:** |  |  |

| **Full name:** | **Contact 1** | **Contact 2** | **Contact 3** |
| --- | --- | --- | --- |
| **Relationship to child:** |  |  |  |
| **Home address:****Postcode:** |  |  |  |
| **Home Telephone:** |  |  |  |
| **Work Telephone:** |  |  |  |
| **Mobile:** |  |  |  |
| **Password:** |  |

**Details of persons authorised to collect child or who can be contacted in the event of an emergency:**

**Proof of identity, a telephone call for verbal permission with an accurate description of the collector is required before allowing any child to be collected to anyone other than those noted above**

**Password must be provided if requested**

**Signed: Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: BASC Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Medical Information / Individual Needs:**

**Name of GP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Health Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **GP Name & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GP Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Known medical conditions, allergies, special dietary and health needs:**

 □ **Yes** □ **No**

**If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Details of any medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Are your child’s immunisations up to date?**

 □ **Yes** □ **No**

**To the best of your knowledge has your child been in contact with any**

**contagious or infectious diseases, or suffered anything that may be, or**

 **become contagious or infectious?**

 □ **Yes** □ **No**

**If yes, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I confirm that I will inform the Manager of the Before & After School Club at Co-op Academy Grove as soon as possible of any change in medical and/or any other relevant circumstances.

**Signed: Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: BASC Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Arrangements to keep children safe and well:**

**Illness**

Co-op Academies Trust Before & After School Club does not accept children who are unwell and we expect parents/carers to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell during their stay with us we contact the parent/carer at the earliest opportunity. Staff have undertaken appropriate training to act appropriately in the event of an emergency and will administer basic first aid to your child (of which a written record will be kept) and in an emergency call Emergency Services.

Please sign below to confirm your consent to this action being taken if deemed necessary

**Sun cream**

During the hot weather, please send in your child’s sun lotion clearly labelled with your child’s name.

**Photographs and Videos:**

The issue of child safety is taken very seriously and this includes the use of images of pupils. These may be used for display/training purposes and for publicity on our academy websites. Our duty of care towards children means that children must remain unidentifiable. We will never include the full name of the pupil with an image.

**Outdoor Activities**

The Before & After School Club may take the children on short supervised outings within the enclosed academy grounds, the academy hall, the academy enclosed playgrounds and to local areas in the immediate area.

| **I In regards to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * I Give my consent to Co-op Academies Trust Before & After School Club administering basic first aid should it be needed.

 * I give my consent to Co-op Academies Trust Before & After School Club signing any written form or consent required by hospital authorities, including anaesthetic; if the delay in getting my signature is considered by the medical practitioner in attendance, to endanger my child’s health and safety.

 * I agree to follow the School’s parent handbook requirements regarding all matters linked to the health, wellbeing and behaviour of my child.

* I am aware that staff are unable to apply and/or re-apply sun cream to the named above child. I will teach my child at home how to apply their own cream.

 * I consent to the Before & After School Club taking and using photographs, images and videos of my child/ren. Any use of pupil images is underpinned by the [Website](http://safety.ngfl.gov.uk/schools/document.php3?D=d75##) Policy of Co-op Academies Trust which has been devised in liaison with the Local Education Authority.

* I give permission for my child to be taken on outings within the enclosed academy grounds, the academy hall, classrooms, enclosed playgrounds and external areas close to the academy.

   **Parental Consent** **By signing below, I agree to all conditions outlined above.** **Signature of Parent/carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- |

**COVID19 UPDATE**

The current Government Guidance indicates that wraparound care clubs should, where possible, care for children within their school bubbles. At Co-op Academy Grove, we will endeavour to do this, but there may be instances when this is not always possible.

To protect the safety of our children, staff and parents, we would ask that parents/carers adhere to social distance recommendations whilst waiting to drop off or collect their child from Co-op Academy Grove.

Regular touch-point cleaning is scheduled to take place at Co-op Academy Grove and this will include areas used by children accessing our BASC provision

Contact activities are not encouraged – both within and outside our children’s bubble groups

Co-op Academies Trust Before & After School Club reserves the right to amend the terms/conditions and registration fees at any time.

· **It is our policy that everyone who attends, works in, or visits Co-op Academies Trust has the right to enjoy the service we provide** and all who attend our provision are expected to conduct themselves in a manner that is mindful of the presence of children.

· We expect the children who access our Before & After School Club provision to behave appropriately and any parents/carers will be contacted to discuss any incidents of poor behaviour and their place reviewed.

· **In the event of a compliment, concern or complaint** Co-op Academies Trust Before & After School Club welcomes discussion with parents/carers about the service they and their child can expect from us. Please speak to

1. After School Club Manager

2. Deputy Academy Principal and/or read the Complaints Policy

3. Academy Principal

**Agreement between Parent(s)/Carer(s) and Co-op Academies Trust Before & After School Club:**

I understand that by completing and signing this agreement:-

* I accept responsibility to book and pay for any childcare place required and that **this payment is non-refundable**
* I agree to meet the terms and conditions of Co-op Academies Trust Before & After School Club

· I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child

* I agree to collect/make arrangements for my child to be collected from Co-op Academies Trust Before & After School Club immediately I am informed that he/she is unwell
* I agree not to send my child to Co-op Academies Trust Before & After School Club if he/she is unwell

**Name of Parent/Carer 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_**

**Signed: BASC Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_**

Personal information contained in this contract and registration form is kept in line with the confidentiality policy and procedure at Co-op Academies Trust.

| This **contract and registration form** was passed for use in Co-op Academies Trust Before & After School Club On:by: Position: |
| --- |