

Bradfield Sunshine Club Contract with Parents

Child's name _____

Parent or carer's name _____

- I consent for my child to attend **Bradfield Sunshine Club**. I understand that the club has policies and procedures (which are available for reference at the club), and that there are expectations and obligations relating both to the club and to myself and my child, and I agree to abide by them.
- I understand that **Bradfield Sunshine Club** is a play setting and that whilst my child is there **Bradfield Sunshine Club** is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- Once my child arrives at **Bradfield Sunshine Club** he/she will be in the care of **Bradfield Sunshine Club** until collected and signed out by an authorised person.
- I will notify the club before the start of the session if I am collecting my child from school on a day that he/she is booked to attend the club. I understand that I will be charged for the booked session unless a parent has given at least 24hr notice of cancellation, or if due to illness.
- I will book and pay promptly for all booked sessions my child attends. I understand I will be invoiced at the end of each calendar month. Any sessions not paid for by the date on the invoice will be liable for late fees at a cost of £2.50 per day, Monday to Friday, 52 weeks a year unless I have agreed a payment plan.
- It is my responsibility to keep the club manager informed of any alterations to the information regarding my child (eg contact details, medical conditions, etc).
- I accept that my child may take part in messy activities while at **Bradfield Sunshine Club**. I understand that I can provide my child with appropriate clothing to accommodate this if I wish.
- **Bradfield Sunshine Club** closes at 6.00pm. If, due to unforeseen circumstances, I am going to be late, I will contact the play leader as soon as possible.
- **If I do not collect my child by 6.00pm I will pay a charge of £10.00 per quarter of an hour to cover the costs of the staff who are legally required to supervise my child.**
- If I do not collect my child by 6.30pm, and the club has been unable to reach me or any of my emergency contacts, I understand that **Bradfield Sunshine Club** will follow its **Uncollected Children Policy** and contact Social Care.
- Whilst **Bradfield Sunshine Club** tries to ensure the safety and security of items, I understand that it cannot be held responsible for loss or damage to my child's property whilst at the Club.
- I have read the club's **Behaviour Management Policy** and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the club, and I will pay for any missed sessions unless otherwise agreed with the manager.
- If there are any accidents or incidents at **Bradfield Sunshine Club** involving my child, I will be informed.
- If my child has an accident at the club, he/she will be treated by a qualified first aider and I will be informed as soon as possible. If my child needs urgent medical treatment and I am unavailable, a member of staff from **Bradfield Sunshine Club** will sign any consent forms necessary for treatment on my behalf, as stated on the club's **Medical Form**.
- Information held by **Bradfield Sunshine Club** regarding my child will be treated as confidential. However, in certain circumstances, for example if there are child protection concerns, I understand that the club has a legal duty to pass certain information on to other agencies, including Police, Social Care and health care professionals.
- I understand that aggressive and abusive behaviour towards staff will not be tolerated.

I have read and **understood** the above terms and conditions and I agree to abide by them.

Signature: _____

Date: _____

Bradfield Sunshine Club

Medical Form

| | |
|---|----------------|
| Child's name: | Date of birth: |
| Doctor: | |
| Doctor's address: | |
| Doctor's telephone: | |
| Does your child or the child in your care have any known medical problems or additional needs? (Please list) | |
| Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed) | |
| Does your child have any known allergies? (an Allergy Management Plan will be put in place where required) | |
| Does your child have any dietary requirements? | |
| Any other information relevant to your child's health | |
| Parent/Carer emergency contact telephone numbers: | |

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

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.

Signed:

Date:

Bradfield Sunshine Club Health Management Plan

Child's name:

Address:

Date of birth:

Doctor's name:

Doctor's address:

Illness / condition:

Symptoms include:

Treatment:

Medicine form attached? Yes No (tick as appropriate)

Parent's name

Contact details:

Bradfield Sunshine Club

Permission to administer medicine form

| | |
|----------------------------------|------------------------------|
| Child's name: | Date of birth: |
| Child's address: | |
| Parent's contact no: | |
| Doctor's name: | Telephone no: |
| Address of surgery: | |
| Reason for medicine: | |
| Name of medicine: | Storage requirements: |
| Dosage: | |
| Times to be administered: | |

I give permission for medicine to be given to my child in accordance with the details above.

Parent's signature: _____

Parent's name: _____

Date: _____

- Staff at the **Bradfield Sunshine Club** will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.
- Note that we can only administer medication containing aspirin if prescribed by a doctor.

If you have any concerns or questions, please contact the **Bradfield Sunshine Club** play leader.

Bradfield Sunshine Club

Photograph Permission Form

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At **Bradfield Sunshine Club** we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the parent/carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:

(please tick for consent)

- Electronic and printed displays and exhibitions at the Club (eg photos of activities)
- Observation and assessment
- Club records of my child
- To accompany staff or student coursework
- Website for Club
- Promotional material for the Club
- Local newspaper or magazine
- National newspaper or magazine
- Other organisation's website
- Other organisation's promotional material
- Other

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent/carer.

I understand that there will be no payment for my child's participation.

Child's name:

Signed:

(parent/carer)

Print name:

Date:

Tick if EYFS child

Bradfield Sunshine Club Registration Form

(please ensure you fill in this form carefully as the information you give needs to be clearly understood)

Child's Details

Date of Registration:.....

| | | |
|--------------------------------|-------------------------------------|-------------------------------|
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | School attended: First language: | Name of key person: |

Parent/Guardian details

| | | | | | |
|--|----------------|--------------|---|----------------|--------------|
| Title: | First name: | Surname | Title: | First name: | Surname |
| Home address: | | | Home address (if different): | | |
| Does this child normally live at this address? Yes / No | | | Does this child normally live at this address? Yes / No | | |
| Work address: | | | Work address: | | |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: | | | Email address: | | |
| Does this person have parental responsibility? Yes / No | | | Does this person have parental responsibility? Yes / No | | |
| Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i> | | | | | |

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

| | | |
|----------|-------------------|----------------------------|
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

Child's Doctor

| | |
|-----------------|------------|
| Name of Doctor: | |
| Address: | Telephone: |

About your child

| | |
|--|---|
| <p><u>Please detail any additional/special needs your child has:</u> (please provide full details on relevant form found on this page of our website)</p> <p><u>Please detail any dietary requirements / food allergies for your child:</u> (please provide full details on relevant form found on this page of our website)</p> | <p><u>A set of passport size photos of your child for adding to any, allergy/special needs information</u></p> |
| Is there anything your child doesn't like (food, games etc) or is scared of? | |
| What are your child's favourite activities? | |

Signature of Parent/Carer..... Date.....