**Record of Information about a Child**

**THIS FORM MUST BE COMPLETED BEFORE ANY CHILD IS ACCEPTED AT THE HIVE @ARLEY PRIMARY**

Child’s Full Name …………………………………………………………………………………………………………………….

Name to be used at club …………………………………………………………………………. e.g Catherine known as Katy

Home Address …………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………………………..

Telephone No …………………………………….. Date of Birth ……………………………….. Gender ……………...........

Child’s First Language ……………………………….. Religion ……………………………….. Place in Family …… of ......

1. Name of Parent/Carer with legal contact & parental responsibility ………………………………………………..

Work Telephone No/Place of Contact …………………………………………………………………………………………………………..

Mobile Telephone No ………………………………………………. email ……………………………………………….........................

Relationship to Child …………………………………………………………………………………………..

2. Additional name of Parent/Carer with legal contact & parental responsibility ……………………………………………

Address if different from child’s ………………………………………………………………………………………………………………….

Telephone Number/Place of Contact …………………………………………………………………………………………………………

Mobile Telephone No ………………………………………………. email ……………………………………………….......................

Relationship to Child …………………………………………………………………………………………

Please state the name of the person the child normally resides with …………………………………………………………….

**Name of Person/s who is authorised to collect the child other than the persons listed above (MUST BE OVER 16 YEARS OF AGE:**

………………………………………………………………………………………………………………………………………………………………………

Relationship to child (if relevant) ………………………………………………………………………………………………………………….

**PASSWORD:**

Please provide a password which will be requested from those persons listed above

or in an emergency when somebody not authorised arrives to collect your child and

are unfamiliar to staff. Please note, if staff have not been notified of this change

they will attempt to contact you to confirm this arrangement.

**Emergency Contacts**

1. Person’s Name ………………………………………………………………………………………………………………

Relationship to Child ……………………………………………………… Tel Number ……………………………………...

2. Person’s Name ………………………………………………………………………………………………………………..

Relationship to Child …………………………………………………….. Tel Number ……………………………………….

**In order for us to provide a fully inclusive service for your child,**

**Please provide the following information**

**Name of Child ……………………………………………………………………………**

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | Traveller of Irish Heritage |  |
| Irish |  | Any other white background |  |
| Gypsy/Roma |  |  |  |
|  | | | |
| Mixed – White and Black Caribbean |  | White and Asian |  |
| White and Black African |  | Any other mixed background |  |
|  | | | |
| Asian or Asian British |  | Pakistani |  |
| Indian |  | Any other Asian background |  |
| Bangladeshi |  |  |  |
|  | | | |
| Black or Black British |  | African |  |
| Caribbean |  | Any other Black Background |  |
|  | | | |
| Chinese |  |  |  |
|  | | | |
| Any other ethnic background | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| **Does your child have any Special Educational Need that we should be aware of?**  **Please tick** | | |
| No known Special Educational Need | |  |
| Early Years Action/School Action | |  |
| Early Years Action Plus/School Action Plus | |  |
| Statement | |  |
| Any other information regarding special needs |  | |

**Parental Consent**

**Name of Child ………………………………………………………………………………**

**Photographs using The Hive @ Arley Primary camera**

|  |  |
| --- | --- |
| **Data Protection Act 1998:**  The club will not use the personal details or full name (first name and surname) of any individual in a photographic image, on our website or in any other printed material without consent. Where possible images of individuals will not have an accompanying name in the text or a photo caption; if a name is used in the text, we will not use a photograph of that individual unless specific permission has been granted.  **Press/media release work.**  The club will notify parents and obtain separate permission before speaking to the press/broadcast media concerning any content featuring their child  **Please tick** | |
| I **do not** wish my child to be photographed |  |
| I give consent for my child to be photographed during sessions, for displays, planning and key worker files only |  |
| I give consent that photographs may be used for internal publicity, Arley Primary School website, advertising and information leaflets |  |

**Face Painting Consent**

|  |  |
| --- | --- |
| I give permission for face painting. |  |

**Parental Guidance (PG) DVD CONSENT**

The Hive @ Arley will ensure that the content of all DVD’s are appropriate for the age of each child. However with such wide ranging ratings given to child focused films such as Toy Story and Spy Kids, permission is required to allow parental guidance to be passed to The Hive @ Arley staff.

|  |  |
| --- | --- |
| I give permission for my child to watch DVD’s with a PG rating as deemed appropriate by The Hive @ Arley Primary staff |  |
| I do not wish for my child to watch DVD’s with a PG rating whilst at The Hive@ Arley Primary |  |

Name of Parent/Carer ……………………………………………………………………………………………………………

Signature …………………………………………………………………………………………………………………………

**Emergency Medical Treatment Form**

**\*This form must be taken with the child in the event of hospital treatment\***

Name of Child ………………………………………………………………………………………………………………….....................................

Date of Birth ………………………………………………………………………………………………………………………………………………………

Child’s Medical Number ……………………………………………………………………………………………………………………………………….

Immunisations given ……………………………………………………………………………………………………………………………………………

Child’s Doctor/Address/Tel No ………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………..

Any Particular Health or Medical Conditions/Allergies

……………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………….

Special Dietary Requirements ……………………………………………………………………………………………………………………………...

Any medical procedures prohibited by family beliefs? ………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………

**Please tick**

|  |  |
| --- | --- |
| In the event of a cut or graze, I agree for first aid plasters to be used |  |

**Additional information about your child that you would like staff to be aware of** ………………………………………...

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

**Medical Treatment Consent Form**

I give my consent for staff at The Hive @Arley to seek emergency medical advice or treatment for my child

…………………………………………………………………..(child’s name)

and/or take my child to the nearest Accident and Emergency Unit to be examined, treated or admitted as necessary, on the understanding that every attempt has been and is being made to contact me or I have been informed and am on my way to the hospital.

A member of staff from The Hive @ Arley Primary will accompany my child and stay with them until my arrival. I understand that every effort would be made by staff of The Hive @ Arley Primary to contact me.

Signed …………………………………………………………………. Date ………………………………………..

Parent/Carer name …………………………………………………………………………………………………………………………………….…………….

**Contract between Parents/Carers and Arley Childcare**

**The Hive @ Arley Primary is operated by Arley Primary School.**

**Fees**

The club understands that the cost of registered childcare may seem expensive to a parent/carer. However, providing a high quality, safe and stimulating service for children has financial implications in order to ensure the continued high standards and sustainability of the club, it must ask that parents/carers respect its policy in respect of fees.

* Fees are payable in advance as notified in writing, fees not paid on the due date as stated on the invoice may incur a non-payment charge of £5.00 per weekthe invoice remains outstanding.
* School has the right to issue a formal warning to the parent/carer and inform them that continued late payment will result in their child’s place at the club being forfeited.
* Full fees are payable throughout the school terms, when the club is open. This includes contracted sessions when the child does not attend due to illness, parent’s holidays or any other reason.
* No fees are payable outside the school term time, for bank holidays in school term time, or for school inset days if you do not require the service. No fee will be charged for enforced school closure e.g.: adverse weather conditions.
* Care in addition to contracted hours, will be charged at the non contracted rate per hour or part thereof. Collection after 5.45pm may incur a charge.
* When fees are reviewed, any alterations will be notified in writing with a month notice. You as the signatory to this contract are responsible for paying your fees on time, and it will be a breach of this contract if fees are not paid by the due date.
* One month **written and paid** notice is required if the parent/carer wishes to end their contract.

**Arrivals and Departures**

The club operates Monday through Friday 8.00am to 5.45pm. Parents are asked to collect their children upon or before 5.45pm. We are not insured to care for the children after this time and therefore will not be covered for any accident or incidents. Any parent picking up their children after 5.45pm may incur a late payment fee. If a parent/carer knows that they will be late they are asked to notify the club. Repeated late arrival will be a breach of this contract and may lead to exclusion from the club. We understand that sometimes there are special circumstances, so staff members will be flexible to assist parents wherever possible if something unexpected arises.

Under normal circumstances, your child will not be allowed to leave with anyone who is not documented on our contact list.

Therefore should you wish someone else to collect your child, it is necessary for you to inform the club in advance and in person. If you are unavoidably delayed, you must telephone and speak to the The Hive @ Arley Primary Team who will make specific arrangements with you. The password system will then come into operation.

**Note:** Should unfavourable domestic issues arise, please resolve the matter of collecting your child as The Hive @ Arley Primary cannot legally prohibit any parent from collecting their child – unless there is legal documentation to state otherwise.

**Absence/Holidays**

We would appreciate as much notice as possible if your child is not going to attend sessions. It is also essential that parents inform staff of their child’s attendance at a school led club. **Please note that other than in exceptional circumstances requests for leave for holidays are not authorized.**

**Whilst all reasonable care will be taken, The Hive @ Arley Primary cannot take responsibility for loss or damage to clothes or any** **other property bought into club.** Clothes and all other property should be marked with your child’s full name.

**Safeguarding Children** – The Hive @ Arley Primary abides by the school’s Safeguarding Policy. As with all child carers, our organisation is obliged to report any concerns about the welfare of children. Staff members have the obligation to report concerns included in their contract of employment.

**Policies** – The Hive@ Arley Primary abides by all school’s policies; copies of which are available from the school office, or the school website.

**DECLARATION BY THE PARENT/CARER:-**

I confirm that I have read and agreed the information above and understand this document constitutes a legal contract for The Hive @ Arley Primary and that both parties are bound by its provisions.

**Contract agreed by Parent/Carer**

Signature …………………………………………………………………. Name ……………………………………..……………………… Date …………………………………………

**Contract agreed on behalf of The Hive @ Arley Primary**

Signature …………………………………………………………………. Name …………………………………………………………….. Date …………………………………………

*Copies of this contract will be issued to all parties*