

Contract between Provision and Parents and Registration Form

Additional guidance:

In this policy parents refers to those with parental responsibility i.e. guardians or authorised care-givers

A copy of the statement of purpose and the operational plan accompanies the contract and registration form given to parents.

A copy of the contract and registration form is kept by both provider and the parents.

All policies and procedures are available for parents to read and are available on request, but they should be given a copy of the behaviour, equal opportunities (inclusion) and complaints policies and procedures to keep.

Name and address of provision: Ysgol Y Foel Out of School Club Contact details: Mrs Amanda Walker <u>WalkerA46@hwbcymru.net</u> 01352740197

Name of person in charge : Miss Kimberley Edwards

Information recorded here is kept confidential – see confidentiality policy Child's personal details:

Full name of child:	
Gender:	Date of birth (dd/mm/yyyy):
Child's home address:	
Postcode:	
Telephone:	

Parents' details:

Full names:	Parent 1	Parent 2
Home address: Postcode:		
Home telephone:		
Work telephone:		
Mobile:		
Email:		

Details of persons authorised to collect child or who can be contacted in an emergency.

The information below will only be used for the purposes of picking/dropping off your child or contacting in an emergency where primary parent/carer are not available.

Full name:	Contact 1	Contact 2	Contact 3	Contact 4
Relationship to child:				
Home address:				
Postcode:				
Home telephone:				
Work telephone:				
Mobile:				
Email:				

A phone call for verbal permission with an accurate description of the collector is required before releasing any child to anyone other than those noted above. Proof of identity and/or a password may also be required. See admissions policy.

Child's medical information/individual needs:

Name of doctor:	
Name of health visitor:	
Doctor's surgery and address:	
Postcode:	
Doctor's telephone number:	
Known medical conditions, allergies, special dietary and health needs:	Yes No If yes, please give details:
Details of any medication being used:	
Any other relevant information we should be aware of?	
	1

Please see medication and asthma policy.

Child's home language /s

Welsh	
• English	British Sign Language
Bi-lingual Welsh - English	Makaton
Other spoken language	Other communication

Child's ethnicity:

This field is optional, however, the more we understand you and your family the better we can provide suitable childcare and learning. If there are any cultures, or ethnicities that you would like to make us aware that are important to you and your family (grandparents/ wider family members/ close friends etc.) this can help us ensure we recognise and celebrate important events and help inform us about the experiences we share to recognise and represent all children in our provision.

Asian, Asian British, Asian Welsh	White
Black, Black British, Black Welsh,	Other ethnic group
Caribbean or African	
Mixed or Multiple	
Arrangements in the case of sickness and School Club does not accept children who are	

Arrangements in the case of sickness and/or any emergency: Ysgol Y Foel Out of School Club does not accept children who are unwell and we expect parents 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 at the earliest opportunity. Our staff have undertaken appropriate training to deal with an emergency.

(Please also refer to our Health and hygiene, admissions and medication policies)

While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services. Please sign below giving your consent to *Ysgol Y Foel Out of School Club* taking such action in your absence:

I (print name) Club administering basic first aid (of whi	give my consent to Ysgol Y Foel Out of School ch a written record will be kept).
Signature of parent:	Date:
Club signing any written form or consen-	give my consent to Ysgol Y Foel Out of School required by hospital authorities if the delay in e medical practitioner in attendance to endanger
Signature of parent:	Date:

Photographs and videos: staff may take photographs and or videos of the children during activities/outings, these may be used for display/training purposes within the provision. If photographs are to be used for external publicity purposes, separate consents are asked for.

I give permission for my child to be photographed	• Videoed.
Signature of parent:	Date:
Outings: from time to time children will be taken on outings in our outings policy.)	the locality. (Please refer to
I give permission for my child to be taken on outings in the	locality.
Signature of parent:	Date:
Settling in: Ysgol Y Foel Out of School Club works with paren happily.	ts to help their child settle
Tell us about anything that will help us understand the needs such as your child's preferred name, comfort object, and daily	

Ysgol Y Foel Out of School Club welcomes requests from parents to discuss how best to introduce their child to this provision. (Please refer to our admissions, arrivals and collections, settling - in and failure to collect children policy and procedure.)

Fees: Ysgol Y Foel Out of School Club charges a registration fee of xxx.

Fees are £xxx per session/hour/day and are paid daily/weekly/monthly/half termly/termly - in advance/by Direct Debit. (Note details of reductions for siblings; any scheme for reduced payments/national/local initiatives.)

Fees are payable if a child is absent without notice or for a short period of sickness/family holiday. (Adapt as needed.)

Parents are advised to speak to *Mrs. Amanda Walker*about payment of fees in cases of prolonged absence.

A child's continued place at *Ysgol Y Foel Out of School Club* is dependent on continued payment of fees.

Charges for absence are as follows:

Unwell:										
Occasional da	ys off:									
Parents' holida	ау:									
Provision close	ed due to u	nfore	seen even	ıt:						
Notice: Ysgolleaving the pro		t of S	chool Club	requ	iires <i>one</i>	month	notice	e in writing	g of	a child
Registration:	(name of c	:hild)_					for			
to start on: number of ses	sions /houi	rs/day	/s per wee	k.			_ 101			
Days agreed:	Mon Tue Wed Thu Fri									
Arrival time:										
Departure time:										
Before and at	fter school	care	:							
Days agreed:	Mon	Т	ue	We	d	Thu		Fri		Weekly fees
Arrival time – am:										
Departure time – am:										
Arrival time – pm:										
Departure time – pm:										
Total for										

week:

Please note that:

- Parents are expected to read all policies and procedures. The pack is available from *Mrs Walker/Miss Edwards*. A copy of the behaviour, equal opportunities (inclusion) and complaints policies and procedures must be retained by parents.
- Specific exemption clauses may apply to the insurance cover provided by Ysgol Y Foel Out of School Club. A copy of insurance policies is available from Ysgol Y Foel school secretary for parents to ensure that their needs and those of their child are met.
- It is our policy that everyone who attends, works in or visits Ysgol Y Foel Out of School Club 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.
- Ysgol Y Foel Out of School Club welcome discussion with parents about the service they and their child can expect from us. Please speak to a member of staff and/or read the complaints policy and procedure. If you remain unhappy about the service you receive, please contact the relevant CIW office at:
- Telephone: 0300 7900 126
- Email: ciw@gov.wales
- Welsh Government office Sarn Mynach Llandudno Junction LL31 9RZ
- and at <u>www.careinspectorate.wales</u>

Agreement between parent(s) and Ysgol Y Foel Out of School Club:

- I understand that by completing and signing this contract and registration form I agree to meet the terms and conditions of Ysgol Y Foel Out of School Club.
- I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.
- I have read and understood and agree to the policies and procedures of the provision.
- I understand the information that is recorded on this form will be stored and used for the purpose of providing services to the child for whom I am the parent/carer/guardian (delete as appropriate).

 No information will be shared without permission 	
Name of parent 1:	
Signature of parent:	Date:
Name of parent 2:	

Signature of parent:	Date:
Name of person in charge/registered person Ysgol Y Foel Out of School Club:	on/responsible individual on behalf of
Signature on behalf of Ysgol Y Foel Out of	School Club:
Date:	

Personal information contained in this contract and registration form is kept in line with the provision's GDPR, Privacy and Confidentiality policy and procedure for Ysgol Y Foel Out of School Club.

For further information on how your information is used, how we maintain the security of your information and your rights to access information we hold on you or the child for whom you are the parent/carer/guardian please see our GDPR/data protection/privacy policies.

This contract and registration form was agreed for use in Ysgol Y Foel Out of School Club			
On:			
By: Position:			
Date of planned review:			