



SINGLEGATE PRIMARY SCHOOL

Extended Services



Pupil Registration Form

Name:

Year Group: 1 2 3 4 5 6

WILLIAM MORRIS PRIMARY SCHOOL





THE FEDERATION OF SINGLEGATE AND WILLIAM MORRIS PRIMARY SCHOOL REGISTRATION FORM

Child's details

Date of registration:

First name	Surname	What s/he likes to be called
Date of birth and current age:	First language:	Key worker's name:
Tick if EYFS child:		

Parent/Guardian details:

Title	First name	Surname	Title	First name	Surname
Home address			Home address		
Does this child normally live at this address Yes/No			Does this child normally live at this address Yes/No		
Home number	Mobile number	Work number	Home number	Mobile number	Work number
Does this personal have parental responsibility? Yes/No			Does this personal have parental responsibility? Yes/No		
Does anyone else have parental responsibility? (if yes please provide details on a separate sheet)					

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 child
Name	Telephone number	Mobile number
Address		Relationship to child





People authorised to collect your child: (Person must be over 16 years old)

Name	Telephone number	Mobile number
Address		Relationship to child
Name	Telephone number	Mobile number
Address		Relationship to child

Child's Doctor:

Name	Telephone number
Address	

About your child:

Please detail any additional/Special needs your child has: (please provide full details)
Please detail any dietary requirements/food allergies for your child: (please provide full details and complete the medical, permission to administer medicine and allergy management plan forms)
What are your child's favourite activities?





THE FEDERATION OF SINGLEGATE AND WILLIAM MORRIS PRIMARY SCHOOL MEDICAL FORM

Child's name:	Date of birth:
Doctor:	
Doctor's address:	
Doctors telephone number:	
Does your child have any known medical problems or additional needs?	
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 or major dislikes (food or materials)?	
Does your child have any dietary requirements?	
Any other information	
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 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:

WILLIAM MORRIS PRIMARY SCHOOL





**THE FEDERATION OF SINGLEGATE AND WILLIAM MORRIS PRIMARY SCHOOL
PERMISSION TO ADMINISTER MEDICINE FORM**

Child's name:		Date of birth:	
Class:			
Class teacher:			
Child's address:			
Parent's contact number:			
Doctors name		Telephone number	
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 for the above details.

Parent's signature:

Parent's name:

Date:

Staff 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.

WILLIAM MORRIS PRIMARY SCHOOL





THE FEDERATION OF SINGLEGATE AND WILLIAM MORRIS PRIMARY SCHOOL ALLERGY MANAGEMENT PLAN

<p>Child's name:</p> <p>Address:</p> <p>Date of birth:</p>	<p>Please attach photo here:</p>
<p>Doctor's name:</p> <p>Doctor's address:</p>	
<p>Allergy to/ triggered by:</p> 	
<p>Reactions/symptoms include:</p> 	
<p>Treatment:</p> 	
<p>Medicine form attached? Yes No</p>	
<p>Parent/Carer's name:</p> <p>Contact details:</p>	



THE FEDERATION OF SINGLEGATE AND WILLIAM MORRIS PRIMARY SCHOOL DIETARY INFORMATION

Child's name	
Tick as appropriate:	
Vegetarian	
Vegetarian who eats fish	
No meat	
No pork	
No beef	
No fish	
No lamb	
No milk	
Special dietary requirements:	



THE FEDERATION OF SINGLEGATE AND WILLIAM MORRIS PRIMARY SCHOOL PARENT/CARER'S CONSENT

OFFSITE VISITS:

Some routine activities of the club may involve visiting parks or short trips within the local area. Your permission is required for your child to be able to take part in such activities.

PHOTOGRAPHIC CONSENT:

Photographs of children participating in After School Club activities may be taken as a record of events or displayed to promote the club. Individuals or groups would not be identified in any photograph that is used or on the web site or in press releases.

Please delete –

I give / do not give permission for my child to take part in offsite activities accompanied by the After School/Breakfast Club Staff

I give / do not give permission for photographs to be taken and used, only in the manner described.

Signed: _____ Date: _____





THE FEDERATION OF SINGLEGATE AND WILLIAM MORRIS PRIMARY SCHOOL PARENT/CARER'S CONTRACT

Child's name:

Class:

Parent or carer's name:

- I consent for my child to attend After school Club Care. I understand that the team has policies and procedures and that there are expectations and obligations relating to the club, myself and my child and I agree to abide by them.
- I understand that After School Club is a playcare facility and that whilst my child is there the team are legally responsible for him/her
- My child will be provided with a snack and a drink whilst at the club unless otherwise requested
- My child will be given stimulating and challenging play opportunities in a fun and safe environment
- Once my child is delivered to After School Club he will be in the care of the team until collected and signed out by a 'named; responsible adult of a young person over the age of 16
- I will book into After School Club and pay in advance for any session. Once booked, if a child does not attend for any reason, I accept I will still be charged for this place. If I wish to cancel my place I will inform the school office in writing at least one week before.
- It is my responsibility to keep the After School Club team informed of any alterations to the information regarding my child.
- I accept that whilst at After School Club my child may get involved in messy activities
- After School Club closes at 5:55pm. I will inform the team if I am going to be late. If my child is not collected by 6:00pm I will pay a charge of £10 per additional quarter of an hour.
- If any child remains at 6:30pm, after doing everything possible to contact parents and emergency contacts, that After School Club will be legally required to contact Social Services
- Should there be any incidents at After School Club involving my child I will be informed of the situation
- If my child has an accident then he/she will be treated by a qualified first aider and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment and I am unavailable, a member of staff from After School Club may sign any consent forms necessary for treatment on my behalf

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

Signature:

Date:





THE FEDERATION OF SINGLEGATE AND WILLIAM MORRIS PRIMARY SCHOOL LOST CHILDREN

All procedures for collecting children from their classes, safely during the session and the collection of the children at the end of a session are in place. However, all staff are aware of the potential for children to go missing during the session.

Emergencies can arise and therefore the following arrangements should be followed:

- * a register is taken and the start of the session and numbers for the session are confirmed and all staff informed
- * children must regularly be reminded about the pupils choices and Code of Conduct behaviour and the need for keeping safe
- * periodic head counts should be made during the session and at activity change over times
- * children must be signed out by the adult collecting the child during and at the end of the session
- * staff must be vigilant to any suspicious behaviour or persons unknown in and around the area used by the Club

If for any reason a member of staff cannot account for a child's whereabouts during a session at the Club the following procedure will be followed:

- * the Play Leader is informed and all other adults are informed and a thorough search of the entire premises will commence – staff should take care not to create an atmosphere of panic and the other children should be appropriately supervised
- * after searching (for period of 15 minutes), a member of the Senior Management Team should be informed and/or the police should be contacted and then the parent/carer – searches for the missing child should continue
- * normal routine of the Club must be maintained
- * the Play Leader/member of the school management team will be responsible for meeting the police and the parent/carer, they will also co-ordinate any actions instructed by the police
- * once the incident is resolved the Play Leader and Committee will review relevant policies and procedures and implement any necessary changes – e.g. Site Security and Risk Assessment
- * all incidents of children going missing from the Club must be recorded on the school Incident Forms.

Refer also to the following policies: Health and Safety
Critical Incidents
Behaviour for Learning





ALL ABOUT ME!



This is me! (Include photograph)

Here you can see that I am....

What do you like doing?

At home:

In school:



Interesting facts about me...

WILLIAM





Week beginning

Name of child:

Year group:

I would like to book my child into BREAKFAST CLUB on:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

I would like to book my child into AFTER SCHOOL CLUB on:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Week beginning

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Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Payment details:

I enclose the full payment of £ _____ ☐

I have a standing order arranged for all payment ☐

I will be paying by direct debit and have arranged this with the schools business officer ☐

I will be paying using the childcare voucher system ☐





*Please name childcare voucher provider _____

