



**OLNEY INFANT ACADEMY  
KIDZ CLUB  
REGISTRATION FORM  
CONFIDENTIAL**

Please complete ALL sections in **BLOCK CAPITALS** and return it to the school office.

Name of Child: ..... Date of Birth: .....

Address: .....

.....

First Language used in the home: ..... Male or Female: .....

School Attended by child.....

.....

Mother's Full Name (Mrs/Miss/Ms): ..... Legal responsibility Yes/No

Address (if different from child's): .....

.....

Contact Tel Number: .....

.....

Father's Full Name: ..... Legal responsibility Yes/No

Address (if different from child's): .....

.....

Contact Tel Number: .....

.....

**I agree to keep my child's personal and medical information, including emergency contact numbers up to date during their time at Kidz Club**

## **PARENTAL CONSENT**

Throughout their time at Kidz Club, your child may be invited to take part in activities and trips which may take place outside of the school premises. Some of our activities take place at the local park (weather permitting) and other trips may be further afield and travel arrangements will either be in a mini bus or a coach from a company that specialises in school trips (all coaches are fitted with seat belts). In order to comply with the Health and Safety legislation, please can you complete the parental/carer form below.

### **PERMISSIONS REQUIRED**

We like to share our children's achievements on our School Website, the Phone Box magazine and for school promotional materials. In accordance with the Children's Act 1989/2004 for video and photographic images of your child we require your permission together with permission to view DVDs.

Videos & Photos

Yes

No

### **MEDICAL INFORMATION**

Does your child have a medical condition?:

Details:

Yes

No

Does your child have any allergies:

(including food allergies/intolerances)

Details:

Yes

No

Does your child have an Epipen:

Yes

No

Is your child taking regular medication that would need to be administered during Kidz Club:-

Details:

Yes

No

Does your child have any dietary requirements?

Details:

Yes

No

Does your child have any other additional needs that you feel we should be aware of:

Details:

Yes

No

Please advise if there are any activities that you do not want your child to take part in such as face painting, cooking, bouncy castles etc. (all activities are fully supervised

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<b>Does your child have an inhaler?</b>	Yes <input type="radio"/>	No <input type="radio"/>
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**I confirm that my child has been prescribed an inhaler for Asthma, or as a reliever for another medical condition**

**MEDICAL CONSENT DECLARATION**

**I agree to my son/daughter**

**Receiving medical treatment including emergency medical treatment as considered by the Medical Authorities.**

- **Operations** Yes  No
- **Anesthetic** Yes  No
- **Blood Transfusions** Yes  No

**Name of Doctor's Surgery** \_\_\_\_\_

**Doctor's Address** \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date \_\_\_\_\_

**COLLECTION OF YOUR CHILD & EMERGENCY CONTACT NUMBERS**

Please provide the names of the adults who have authorisation to collect your child.

**(Anyone under the age of 16 must have written consent on behalf of the Parent/Carer to collect your child)**

It is extremely important that we are able to contact you during the day should there be a problem with your child. Please give details of the people whom you wish to be contacted. Ideally this should be both parents plus at least one other person,

<p><b>1<sup>st</sup> Contact</b></p> <p>(Mr/Mrs/Miss/Ms) .....</p> <p>Surname.....</p> <p>Forename.....</p> <p>Relationship to child.....</p> <p>Parental Responsibility      YES      NO</p> <p>Mobile.....</p> <p>Work.....</p> <p>Home.....</p>	<p><b>2nd Contact</b></p> <p>(Mr/Mrs/Miss/Ms) .....</p> <p>Surname.....</p> <p>Forename.....</p> <p>Relationship to child.....</p> <p>Parental Responsibility      YES      NO</p> <p>Mobile.....</p> <p>Work.....</p> <p>Home.....</p>
<p><b>3rd Contact</b></p> <p>(Mr/Mrs/Miss/Ms) .....</p> <p>Surname.....</p> <p>Forename.....</p> <p>Relationship to child.....</p> <p>Parental Responsibility      YES      NO</p> <p>Mobile.....</p> <p>Work.....</p> <p>Home.....</p>	<p><b>4<sup>th</sup> Contact</b></p> <p>(Mr/Mrs/Miss/Ms) .....</p> <p>Surname.....</p> <p>Forename.....</p> <p>Relationship to child.....</p> <p>Parental Responsibility      YES      NO</p> <p>Mobile.....</p> <p>Work.....</p> <p>Home.....</p>

## Terms & conditions

All Breakfast club and Kidz club bookings for term time can be made online via Parentmail. This will give you the option to pre-book and pay for any sessions you may require. This is to ensure that all payments are received by the school and to ensure we have adequate staff on a daily basis.

If you would like to use this facility please contact Loraine in the school office 01234 711388 or [loraine.edwards@olneyinfant.org](mailto:loraine.edwards@olneyinfant.org) who will ensure that your child/children have been added to the register.

When logging into your Parentmail account you have the option to add funds via PayPal, credit or debit card and any sessions booked will automatically be deducted from your account. If you pay by childcare vouchers these will be adjusted manually from the school office. Each account does have a small buffer but once this has been reached no more sessions can be booked until a payment has been made.

To ensure that we can cover all staffing costs

- If you pre-book a session and subsequently your child does not attend due to a playdate, sickness or simply change your mind (this does not apply to Covid related illness or isolation), the session will still have to be paid for in full and no refunds or date changes will be issued.
- No paid sessions can be transferred to an alternative date after a booking has been made.
- All bookings need to be made 1 day in advance and reminders are pre-set to be sent to you automatically.
- It may be advisable not to book too many weeks in advance unless you are positive your child will be attending.

I understand the terms and conditions

Signed .....