**Iceni Academy Hockwold Wraparound Care Registration Form**

**ALL DETAILS PROVIDED ARE KEPT STRICTLY CONFIDENTIAL**

**ALL CHILDREN WHO ATTEND THE WRAPAROUND CLUB MUST BE REGISTERED.**

**First Child’s Details**

|  |  |
| --- | --- |
| First Name: | Surname: |
| Middle Name(s): | How they like to be called: |
| Date of Birth: | Gender: |
| School: | Class: |
| Child’s full address: | |

**Second Child’s Details**

|  |  |
| --- | --- |
| First Name: | Surname: |
| Middle Name(s): | How they like to be called: |
| Date of Birth: | Gender: |
| School: | Class: |
| Child’s full address (if different from first child): | |

**Parents/Guardian Details**

|  |  |
| --- | --- |
| First Name: | First Name: |
| Surname: | Surname: |
| Date of Birth: | Date of Birth: |
| Home address: | Home address: |
| Home number: | Home number: |
| Work address: | Work address: |
| Work number: | Work number: |
| Mobile number: | Mobile number: |
| Email address: | Email address: |
| Relationship to Child: | Relationship to Child: |
| Does this parent have parental responsibility for the child? Yes / No | Does this parent have parental responsibility for the child? Yes / No |
| Does this parent have legal access to the child?  Yes / No | Does this parent have legal access to the child?  Yes / No |
|  |  |
| Other person(s) with legal contact (to be completed where those persons with parental responsibility are separated and an S8 Order is in place) | |
| Name: | Name: |
| Address: | Address: |
| Contact telephone numbers: | Contact telephone numbers: |
| Relationship to child: | Relationship to child: |
| What are the contact arrangements that the school needs to know about? | What are the contact arrangements that the school needs to know about? |

**Authorised to collect**

In addition to the above details, we require names, addresses and contact details, and agreed password from any other persons (over 14 years of age) authorised by you to collect your child. Please give your agreed password and details below:

(If you wish to provide more authorised to collect contacts, please use a separate sheet.)

Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency contacts**

In the event of an emergency and parents of the child / children cannot be contacted, please provide two emergency contacts aged 18 or over:

(If you wish to provide more emergency contacts, please use a separate sheet.)

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

**Breakfast Club**

Children to arrive no earlier than 7.30am

Parents and carers must not park in the school grounds to drop off or collect their children.

Children to be escorted into the school premises and signed in by a member of staff.

Oak class children may, with the permission of their parents / carers sign themselves into breakfast club.

If a child is unable to attend breakfast club due to illness or unforeseen circumstances, breakfast club staff must be notified by 8am, by phoning the main school telephone number. Charges will still apply for absences regardless of circumstances.

Only children booked into wraparound care and before school clubs to be on the school premises before 8.30am. Charges will be incurred for any other early arrivals.

**After School club**

After school clubs and wraparound care will begin at 3.00pm and only children booked into sessions or clubs are to be on the school premises after 3.00pm. Charges will be incurred for late collections.

All children to be collected from wraparound care by an authorised person, named on their registration form.

We are unable to allow children to go home alone.

Children must be collected promptly and additional charges will be incurred if they remain later than the pre-booked session.

Children booked until 4.30pm will be charged the additional £2.50 per five minutes.

Late pick-ups after the close of session will incur a charge of £5 per 5 minutes.

**Payment methods**

All invoices must be paid in full on a half-termly basis, within 14 days of the invoice date.

Payments will be added to your child’s School Money account at time of invoice.

**Emergency Treatment Declaration**

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. I consent for the staff to seek any necessary emergency medical advice or treatment. If the Emergency services are required I understand my child / children may be taken to hospital accompanied by a member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed by parent/carer: ........................................... Date:………………………

Printed Name:………………………………………….

**Photo / Video Consent**

We may take photos of your child when in wraparound care.

Photographs from wrap around care may be used for the following purposes:-

|  |  |  |
| --- | --- | --- |
| Photo Albums | Promotional Material | Social Media |
| Fundraising | Iceni Academy website | Displays |
|  |  |  |

(This list is not exhaustive)

**If at any time you wish to review your photographic/video consent please do let us know. Please feel free to speak to a member of staff of any concerns you may have with this consent.**

**As a parent/carer you must understand that any images taken by yourself, family or friends during special events in any school function, end of year performances, sports days etc containing other children, will be used for personal use only and not displayed on any social media, such as Facebook etc.**

I/We are the parent(s) / legal guardian of the child / children named on this registration form and give permission for my child / children to be photographed or videoed whilst in the care of Iceni Academy Hockwold Wraparound Care. **YES / NO**

Signed by parent/carer: ........................................... Date:………………………

Printed Name:………………………………………….

**Policies and Procedures**

**Suncream**

Should sun cream be required, it should be provided in a name container by the parent and cannot be shared. Staff are not authorised to administer sun cream so children will need to be trained to do this as necessary. Staff will take weather conditions into consideration and will either keep children inside or in the shade if they feel it is necessary.

If you feel this policy could prove a problem for your child, please talk to us directly and we can work to find a mutually acceptable solution

Our Policies and Procedures are in place to ensure that Iceni Academy Hockwold provides a high quality service and guarantee an enjoyable and beneficial experience for each child and his/her parents.

We do ask that all parents/carers abide by these policies and procedures and we therefore request that you kindly circle the relevant YES or NO in the declaration below; when you are happy you understand them. The policies are updated regularly and ones relevant to our parents / carers can be found on our website **www.icenihockwold.attrust.org.uk**

I understand that the school has policies and procedures and that there are expectations and obligations relating to the school, myself and my child / children and agree to abide by them. I understand that there may be circumstances where information is shared with other professionals or agencies without my consent.

**YES / NO**

**Additional Declarations**

* I confirm that the information given on this form is correct and agree to notify Iceni Academy Hockwold in writing or via wraparound care staff e-mail of any changes.
* I am aware that on occasions, due to extraordinary circumstances, Iceni Academy Hockwold wraparound care may need to close. On these occasions as much notice as possible will be given to parents and carers.
* I am aware that Iceni Academy Hockwold has a duty to report any Safeguarding concerns.
* In some circumstances children will be observed and monitored, and records will be kept strictly confidential. Arrangements may be made to view these records if requested.
* I agree to work in partnership with the staff.
* I am aware that I need to inform the wraparound care staff of any absences, due to holidays or sickness and charges will remain in place.
* I am aware of the current hours and fees of Iceni Academy wraparound care and understand that these may be subject to change.
* I am aware that fees are payable every half term in advance by invoice. Additional hours will be invoiced separately.

I am aware that if I do not collect my child on time, we will be charged for any extra time at the specified rates. If we are unable to make contact with you, your emergency contact will be called to collect your child.

* I understand that a £15 late payment fee will be incurred if I do not pay fees by the due date, and persistent late or non-payment of fees may jeopardise my child’s continued place.
* I understand that once a place is booked and confirmed for each half term, sessions may not be reduced or transferred, although sessions can be increased subject to availability.

I have read and accepted the above conditions for my child / children attending Little Thetford Primary School wraparound care.

Thank you for taking the time to complete this registration form. Please do not hesitate to contact us if you require any further information on the wraparound care, completing this form, or updating your details.

Name of Parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE THAT ALL DETAILS GIVEN ARE KEPT STRICTLY CONFIDENTIAL**

**PLEASE RETURN THIS FORM TO SCHOOL OFFICE BY MARCH 31ST 2022**