

Registration Form

TreeTops Kids Club

Name: _____ Age: _____

Date of Birth: _____

Address: _____

_____ Postcode: _____

Home Telephone: _____

Email: _____

Would you like your invoices and any newsletters emailed? Yes/No

School your child attends: _____

Mother's Name: _____ Dr Mrs Miss Ms

Place of work: _____ Tel: _____

Mobile: _____

Do you have legal responsibility for this child? Yes/No

Do you have parental responsibility for this child? Yes/No

Father's Name: _____ Dr Mr

Place of work: _____ Tel: _____

Mobile: _____

Do you have legal responsibility for this child? Yes/No

Do you have parental responsibility for this child? Yes/No

Person(s) to contact in case of emergency. Please list in order of required contact. If not mother or father, please give the relationship to the child.

Please ensure you have informed the persons listed below and you have their permission to pass on their details.

Name of regular person(s) collecting your child from Treetops, (if not mother or father, give name, contact telephone number and relationship to the child. Please let us know in advance if anyone else is collecting and not included on this list.

Child's Personal Details

Is your child fully immunised to date? Yes/No Please state any exclusions.

Please give details of any allergies *

*If any of the above allergies are food allergies do you give permission for your child's photograph to be displayed on our snack trolley and in the food preparation area? Details will include the type of allergy, any reaction and treatment required. **Yes/No**

Please give details if your child should not be given certain food, drink, medical attention or take part in certain activities on the following grounds.

Medical reasons: _____

Religious reasons: _____

Child's Doctor: _____ Tel No: _____

Address: _____

Is there any further information you feel we should know?

Name of child: _____

Young Children in Reception

If your child has just started school and Treetops we need to know what you would like to do if they fall asleep at Treetops, after school or during school holidays. We will be guided by you on this matter.

Please tick/complete with the appropriate course of action.

Do not allow my child to sleep _____

May sleep for approx. _____ minutes

If falls asleep, allow to wake naturally _____

Calpol

I agree/do not agree for my child to be given Calpol when appropriate. We will always try to contact you by phone prior to administration. In the event of you being unavailable we will administer an age appropriate dose to make your child more comfortable if they are feeling unwell. You will always be informed and asked to sign a form if we have had to give your child Calpol when you come to collect.

Emergency Medical Treatment

In the unlikely event of me or a named person being unavailable, **I agree/do not agree** to the staff of Treetops, under advice of qualified medical staff, being able to sign appropriate consent forms.

Trips Out

I give/do not give consent for my child to participate in local non-paying trips eg a walk to the park (by school) whilst in the care of Treetops and with the supervision of a member of staff.

Consent for specific trips during holidays will be given on each holiday booking form.

Collection from School - St Giles' children only

By signing this form, I understand I am giving consent for my child to be collected from St Giles' School by TreeTops Kids Club. They will be accompanied by members of staff using our own minibus, staff cars or commercial taxi. If we have to use a taxi, there will always be a staff escort in each vehicle. All children will be required to use a car seat if travelling in a car until they are 12 years old or 135cm whichever comes first. Children taller than 125cm and weighing more than 22kg can use a booster seat.

Photography/Videos

Please ensure you complete and return the photo/video consent form (attached).

Privacy Notice

Please ensure you have read and signed this.

Registration Fee

Please delete as appropriate: -

I enclose a non-refundable registration fee of £5.00 (holiday care only)

I enclose a non-refundable registration fee of £10.00 (term time place with or without holiday care)

I wish to receive an invoice to pay the registration fee of £5.00 or £10.00 via online banking.

I have received and read the Terms and Conditions, information, privacy notice and this registration form of Treetops Kids Club Ltd and I agree to comply with them.

Signed: _____ Parent/Guardian

Print name: _____

Date: _____

Please return to Treetops Kids Club, Mereside C.E. Primary School, Shrewsbury, SY2 6LE or email to:

julia@treetopskidsclub.co.uk

OFFICE USE ONLY Data input - First Steps newsletter/invoice

Photo/Video Consent

Name of child: _____ Child's D.O.B. _____

During your child's time with us the staff may take photographs of your child for promotional purposes. These images may appear on displays at Tree Tops, on our printed publications, in videos on our website, or on our Facebook page or all of them. They may also be used by the local newspapers.

Images will be stored on Tree Tops' computer and mobile phone and will remain on our Facebook page and possibly our website, even after your child has left TreeTops.

To comply with General Data Protection Regulation (GDPR), we need your permission before we take any images of your child.

Sometimes if we take a group photo (particularly if on a trip) we would include all children but then put a smiley face sticker over your child's face or blur out their face if you have not allowed permission. We feel this is preferable to excluding them from the photo. If you do not give us permission to take photographs of your child and would prefer them to not be in a group photo, please let us know.

We will only use first names of children (if at all) and will never publish surnames.

Please circle your answer

- | | |
|--|----------|
| 1. May we display your child's image at TreeTops and within Mereside School? | Yes / No |
| 2. May we use your child's image in our printed promotional publications? | Yes / No |
| 3. May we use your child's image on our website? | Yes / No |
| 4. May we use your child's image on our Facebook page? | Yes / No |
| 5. May we record your child's image in videos? | Yes / No |
| 6. May we use your child's image in the local press? | Yes / No |

Signature: _____ Parent/Guardian Date: _____

Your name (in block capitals) _____