



# ASK CLUBS

All Saints' Church, Church Street, Old Isleworth, Middlesex TW7 6BE  
www.askclubs.co.uk 07306 086666 ask@askclubs.co.uk

## CLUBS REGISTRATION FORM

*Please ensure all sections are fully completed and signed.*

### 1. NAME & DETAILS OF CHILD

First name: Middle name(s):  
Surname: Known as:  
Date of birth: Boy / girl:  
Nationality: Main language:  
Any other languages: Preferred start date:  
Name of school, class & teacher:

### 2. PARENTS/GUARDIANS *(Please complete fully for both parents/guardians.)*

First name: First name:  
Surname: Surname:  
Address + postcode: Address + postcode:  
  
Home phone: Home phone:  
Mobile: Mobile:  
Email: Email:  
Parental responsibility: YES / NO Parental responsibility: YES / NO  
Signed: Signed:

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Work/Company name:

Work/Company name:

Address + postcode:

Address + postcode:

Work phone:

Work phone:

*We require your work/company details in case there is an emergency and we are unable to make contact by any other method.*

**Other person(s) with legal contact:** *(To be completed where those persons with parental responsibility are separated and a Section 8 Order is in place.)*

Name:

Relationship to child:

Address + postcode:

Home phone:

Mobile:

**What are the contact arrangements that we need to be aware of?**

### 3. EMERGENCY CONTACTS

**In order of contact, please give details of who we can call in case parents/guardians are unavailable. At least one of these contacts should be someone living in the local area.**

1. Name:

Relationship to child:

Home phone:

Mobile:

Address + postcode:

2. Name:

Relationship to child:

Home phone:

Mobile:

Address + postcode:

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**Names of persons over 16 years of age (other than parents) who are permitted to collect your child from ASK Clubs:**

1. Name: Relationship to child:

Home phone: Mobile:

2. Name: Relationship to child:

Home phone: Mobile:

3. Name: Relationship to child:

Home phone: Mobile:

I have obtained consent from all those listed in section 3 for ASK to store their personal data as recorded above. **YES / NO**

#### **4. ABOUT YOUR CHILD**

Does your child have any on-going medical conditions? **YES / NO**

If yes, please give details and specify which external agencies are involved:  
(*e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc.*)

Does your child take any regular medication *e.g.* for asthma or life threatening conditions?  
(*e.g. allergic reaction requiring adrenaline pens.*) **YES / NO**

If yes, please give details:

If your answer to the above question is yes, please ask for a copy of our Administering Medication Policy and discuss this with us.

**Please note that no medication can be administered without prior consent.**

Does your child require a health care plan? **YES / NO**

Does your child have any allergies? (*e.g. food, animals, plasters, medication, etc.*) **YES / NO**

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If yes, please give details:

Does your child have any special dietary requirements? **YES / NO**

If yes, please give details:

Does your child have any Special Educational Needs and/or disabilities? **YES / NO**

If yes, please give details:

Are any of the following in place for your child?

SEN action plan: **YES / NO**

Education, Health and Care Plan (EHC): **YES / NO**

If yes to any of the above, what special support will he/she require at ASK Clubs?

**Details of professionals involved with your child:**

**GP**

Name: Phone:

Address:

**Social Care Worker** *(if applicable)*

Name: Phone:

Address:

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What is the reason for the involvement of the social care department with your family? *(If your child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in your child's file.)*

What other information, if any, is it important for us to know about your child?

*These next 3 questions are optional but form an important part of our Valuing Diversity and Promoting Equality Policy, our British Values Policy and the Equality Act 2010.*

Ethnic origin:

Religion or belief:

Festivals celebrated at home: *(So we can learn about these and share with the children.)*

Please let us know how you heard about ASK Clubs:

**Details of any accidents which occur whilst your child is attending ASK will be recorded in the Accident Book and will need to be signed when you collect your child.**

### **5. PREFERRED SESSIONS OF ATTENDANCE** *(please circle)*

Breakfast Club 07:30 - 08:30 + walk to school:

**Monday | Tuesday | Wednesday | Thursday | Friday**

After School Club 15:30 - 18:00 + collect from school:

**Monday | Tuesday | Wednesday | Thursday | Friday**

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### 6. PARENTAL CONSENT

#### CONSENT TO EMERGENCY MEDICAL TREATMENT

I consent to any emergency medical treatment whilst my child is attending ASK Clubs. I authorise a member of staff to sign, on my behalf, any written form of consent required by medical authorities if the delay in getting my signature is considered by the doctor or the medical authorities to endanger my child's health and safety.

YES / NO

#### PLASTERS

My child has no known allergy to plasters and in the event of a minor injury I give my permission for a plaster to be applied to minimise distress and risk of infection.

YES / NO

#### SUNCREAM

In sunny weather please ensure that your child comes to ASK Clubs with a named bottle of sun cream. I consent to the application of suncream.

YES / NO

#### PHOTOGRAPHS

From time to time we take photographs of the children at play to use in promotional displays or publicity materials including use on our website. **The children are never named or identified.** I consent to the taking and using of photographs of my child for use as described above.

YES / NO

#### FOREST SCHOOL & GAMES

On some days we take the After School Club children out to participate in Forest School activities in the wooded area beyond the church car park, and play games such as rounders and dodge ball in Syon Park. I consent to my child participating in these activities.

YES / NO

#### CANCELLATION

If I wish to remove my child from ASK Clubs I agree to give 1 month's notice. I understand that I will be liable to a 1 month charge if I fail to do this.

YES / NO

Signed:

Date:

**CONFIDENTIAL**

**7. DATA PROTECTION AGREEMENT**

I have read the ASK Privacy Notice and I agree that ASK may hold the information I have given on this Registration Form securely and confidentially.

I undertake to advise the Registered Provider/Owner or the Manager of any changes to these details.

I understand that ASK may have a legal obligation to pass on confidential information without my consent as stated in the Information Sharing policy which I have read.

I understand that I may inspect the information relating to my child by giving reasonable notice as stated in the ASK Clubs Policies and Procedures.

I understand that if I want to know more about how or why ASK collects personal data or how ASK uses and protects personal data, I can speak to the person who controls the data for ASK or I can find out more by reading the ASK Clubs Policies and Procedures, in particular:

- 24. Data Protection
- 41. Information Sharing

I understand that all of the ASK Clubs Policies and Procedures are available for me to read, either at ASK Clubs in the Policies and Procedures folder, or on the ASK Clubs website at: <http://www.askclubs.co.uk/askclubspolicies.html>

I agree to the terms of this Data Protection Agreement as stated above and I consent to ASK storing personal information about me and about my child securely and confidentially in accordance with data protection laws.

Parent/Guardian 1:

Parent/Guardian 2:

**YES / NO**

**YES / NO**

Name:

Name:

Signed:

Signed:

Date:

Date:

## CONFIDENTIAL

### 8. TERMS & CONDITIONS

These Terms & Conditions serve as a contract between you, the parents/guardians, and ASK Clubs (ASK).

You agree to the following:

To ensure that your child arrives no later than 8:15am for the Breakfast Club and/or is collected by 6:00pm at the end of the After School Club.

To transfer your fees promptly on receipt of the invoice for each half of term. If the fees remain outstanding for a period of two weeks after receipt of the invoice, ASK reserves the right to charge a late payment fee of an additional 5%. In the event of continued non payment of fees, ASK reserves the right to remove the child's name from the register until such time as the fees are paid.

**Notice should be given in advance for absence due to holidays or appointments and as soon as possible in the case of illness. Fees will be charged at the full rate for missed sessions and any periods of holiday or sickness.**

If your child is unwell or suffering from a contagious illness or infection, he/she must not attend ASK. In the event of your child becoming ill whilst at ASK, you will be contacted to arrange to take your child home. In the case of an infectious illness, the recommended exclusion time must elapse before your child can be readmitted to ASK. ASK will adhere to the guidelines provided by the Health Protection Agency. In the case of a medical emergency, ASK will contact the appropriate health professionals. If attendance at a hospital is required, a senior member of staff will accompany your child and remain with him/her until you arrive. ASK will continue with attempts to make contact with you, or with the emergency contacts named above on this form, if we have not been able to reach you, or them, immediately.

If, at any time, you decide that you no longer wish to retain your child's place at ASK, a minimum of one month's notice, in writing by email, is required or a month's payment in lieu.

In the event of the closure of ASK due to extreme weather conditions, loss of utility supplies, heating failure or other causes beyond our control, ASK will close and you accept that no refund of fees will be made. This is due to the continued operational costs of ASK.

ASK reserves the right to change the above Terms and Conditions as and when the need arises. One month's notice of any changes, in writing by email, will be given to you.

We ask that you keep us informed of any changes to your details.  
Periodically we may ask you to confirm your details for our records.

We, the parents/guardians, acknowledge that we have read and agree to these Terms and Conditions.

Parent/Guardian 1

Parent/Guardian 2

Signed:

Signed:

Date:

Date: