

Green Room Club and/or Breakfast Club Enrolment Form

If you require assistance to complete this form, please do not hesitate to contact the school office

We would be grateful if you would complete the form as fully as possible to enable us to meet the needs of your child. If there is any information you do not wish to supply, please note this under the relevant section.

Child's First Name	
Surname	
Name Likes to be Know	wn by
Address	
Sex	Male Female Date of Birth
COA	Tomaio Dato oi Dirai
Contact Details	
Name and relationship	
relationship	
Telephone Number	Home Mobile
Does your child have	any Special Dietary Requirements or Allergies that
we should be aware of	of: Yes No
If 'Yes', please give d	etails of these Requirements and/or Allergies

Please return this form to the school office

Health Informa	ation								
Name of GP									
Address									
Telephone									
<u>Medication</u>									
If your child require "Medication" author office.									
Does your child ha	ve fits or se	eizures?					Yes	No	
	If 'Yes', please give details of warning signs, anything that triggers this condition, frequency and length of fits and action to be taken.								
						_			
Is there any other in	nformation ——	you woul	ld like to a	add on th	is section	1?			
Emergency Co	ontacts								
(Friend, relative - th	nis MUST B	E someoi	ne other t	hat the P	arent/Car	er)			
1. Name									
Telephone l	Number	Home				Mobile			
Relationshi	p to Child								
_									
2. Name									
Telephone	Number	Home				Mobile			
Relationshi	p to Child								
				1					

	Play and Activities
1.	What particular activities does your child enjoy, both indoor and outdoor? Please describe:
2.	How does your child relate to other children?
3.	What toys or objects interest your child or does your child have any special hobbies? Please describe:
4.	Are there any activities that your child will not enjoy or dislikes, or has a fear or phobia about?
	Please describe:
5.	Are there any activities, which may be unsuitable for medical reasons?
6.	Is there any other information you would like to add on this section? If so, please describe:

<u>Beh</u>	aviour, Danger and Risk Taking						
1.	Would your child attempt to run away or wander off if not closely supervised at the scheme?						
	Yes No						
	If 'Yes', please give details:						
2.	Does your child have an awareness of dangerous situations? Yes No						
	If 'No', please describe or give examples:						
3.	Is your child likely to display any challenging and/or anti-social and/or difficult behaviour?						
	Yes No						
	If 'Yes', please describe:						
4.	How would you normally respond to calm/comfort or distract your child?						
5.	How does your child react to new situations?						
O.							
6.	Are there any situations or events that make your child particularly anxious?						
O.	If so, please give details:						
7.	Is there any other information you would like to add to this section? If so, please give details:						

we can make their tim	tion you would like to tell us about your child that might assist us in ensuring that le enjoyable and a positive experience and help us in ensuring that they attend scheme, including any comment on 'age-appropriate' activities? If so, please
Consent	
every effort will be ma	Id being involved in an accident whilst attending an activity, I understand that ade to contact the Parent/Carer. If I cannot be reached I give authorisation for take basic First Aid and for trained staff to undertake any medical treatment that
Signature	
Confidentiality a	and Child Protection
right to inform the rele	hool adheres to a policy of confidentiality within their service, but we reserve the evant agencies in the event of an issue arising with regard to Child Protection. We the rights and wishes of the child in line with Child Protection procedures.
Name (print)	
Signature	Date

TIMES:

BREAKFAST CLUB: - 7.45 AM - 8.45AM

GREEN ROOM CLUB: - 3.20PM - 5.45PM

Unfortunately, we will have to make an extra charge if children are not collected promptly at 5.45 p.m. The cost will be £1 per minute. This may seem excessive, but staff will need to clean the room and get themselves off of the premises so that Mr Hill may lock up on time

PASSWORD: If you wish another adult to collect your child on your behalf please ensure that you that you inform the school office before 4.30pm.

Please provide us with a password:

Keep a note of this password and ensure that you only pass it on to the adult that you wish to collect your child.

St Philomena's exercises and maintains a debt free policy whereby all services and provisions should be paid for in advance – this includes dinner money, clubs and out of school child care provision, etc. Should the situation arise where money is owed, St Philomena's reserves the right to refer the matter to a debt recovery company where an additional 20% of the amount owing plus any administration charges will be charged to the debtor by the debt recovery company. Alternatively, we also reserve the right to pursue the debt through a small claims court, where the debtor will be responsible for the payment of all court charges.