**Cockermouth After School Scheme**

**Registration Form**

Please complete one form for each child. Registration fee of £10 is required per family (Cheques payable to C.A.S.S.)

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| Child’s Name: | D.o.B: |
| School: | Any other setting your child attends  (e.g. Out of school club/childminder) |
| Child’s Doctor:  Address:  Contact number: | Child’s Dentist:  Address:  Contact number: |
| Does your child have any special health requirements? | Does your child have any special dietary requirements? |
| Vaccinated for Tetanus? Yes/No | Does your child suffer from any allergies? |
| **Parent/Carer**  Name:  Address:  Home contact number:  Workplace /contact number:  Emergency contact number: | **Parent/Carer**  Name:  Address:  Home contact number:  Workplace /contact number:  Emergency contact number: |
| Email:  (This will be used to keep you updated with newsletters/holiday programmes etc. Please let us know if you do not wish to receive info.) | Email:  (This will be used to keep you updated with newsletters/holiday programmes etc. Please let us know if you do not wish to receive info.) |
| Does the above named have parental responsibility for this child? Yes/No | Does the above named have parental responsibility for this child? Yes/No |
| Which parent/carer does your child normally live with? | |
| Who should we contact in case of an emergency? | |
| Trusted person/s\* allowed to collect my child | |
| Name: | Name: |
| Contact number: | Contact number: |
| \**Please note written permission is required if your child is to be collected by any other adult not listed.* | |

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| **Child’s Learning Difficulties and Disabilities Status** | |
| Special educational needs? Yes/No | Statement Yes/No |
| Early Years Action/School Action Yes/No | Early Years Action Plus/School Action Plus Yes/No |
| Does your child have any disabilities which require support? | |
| **General Notes** | |
| Please tell us about your child’s interests, cultural background, likes, dislikes etc. | |
| Do you have any access to Corporate Responsibility opportunities or any skills/hobbies you would be willing to share with us? | |
| **Permission Form**  **Please sign alongside each or leave blank if you do not agree.** | |
| To go on outings and take part in activities with the staff of C.A.S.S. | |
| To play outside on the adventure playground (unfenced). I understand that C.A.S.S. has to have sufficient staff at all times outside whilst the children are playing. | |
| To be photographed by C.A.S.S. staff for use within the setting and to record evidence of activities for Ofsted. | |
| For photographs of my child to be published in the newspaper (child’s name may be used). | |
| For photographs of my child to be used on the C.A.S.S. website. | |
| If wet my child may be changed into dry clothes. | |
| To have sun screen applied when require. | |
| To participate in face painting activities. | |
| To have first aid applied by C.A.S.S. staff if my child has a minor accident. | |
| **Consent for Emergency Medical Treatment**  **In the unlikely event of your child needing emergency medical treatment whilst at the scheme, it would be helpful if you would sign the form below.** | |
| I consent for any emergency medical treatment for my child necessary during the running of the scheme. | |
| I authorise the staff of C.A.S.S. to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child’s health and safety. | |
| **Ethnicity (please tick one option from the list below)** | |
| * White, British * White, Irish * Traveller of Irish Hertitage * Gypsy/Roma * White/any other White background * Mixed, White and Black Caribbean * Mixed, White and Black African * Mixed, White and Asian * Mixed, any other mixed background * Asian or Asian British, Indian * Asian or Asian British, Pakistani * Asian or Asian British, Bangladeshi * Asian or Asian British, Any other Asian Background * Black or Black British, Caribbean * Black or Black British, African * Black or Black British, Any other Black background * Chinese * Any other ethnic background * Do not wish to be recorded | |
| Form completed by:  Name:  Relationship to child:  Date: | |

*This information will be held on a computer and used in accordance with the Data Protection Act.*

*Cancellations of bookings are required in writing and are subject to payment at the full rate unless they are cancelled with the following time scale:*

* *Before School sessions: 24 hours notice*
* *After School: 7 days notice*
* *Holiday sessions: 14 days notice*

**Cockermouth After School Scheme, The Scout Centre, St. Helens Street, Cockermouth CA13 9HX**

**Tel: 01900 828199 / 07419 126195(out of hours)**

**Email: cockermouthafterschoolscheme@btconnect.com**

Re-registration will be required if the registered child does not attend for a minimum of 5 days in one academic year