



Topmark After School Club Gordonbrock

Dear Parent/Carer,

Please find attached the paperwork to apply for our after school club.

Please read the contract carefully before signing and return all paperwork to the after school club manager or school office. Once all paperwork has been received you will be contacted to discuss your place and availability.

If you have any queries please do not hesitate to call Sam Hyland, Office Manager 07901 768436.

Kind regards

Mark Hyland

Company Director

info@topmarksportscoaching.co.uk

Tick if EYFS child

Gordonbrock After School Club Registration Form

Date of Registration:

Child's Details

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	School attended: First language:	Key worker's name:

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.)					

Emergency Contact Details (please provide details of two people we can contact if we are unable to get hold of you)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (please provide full details)
Please detail any dietary requirements/ food allergies for your child: (please provide full details)
Is there anything your child doesn't like (food, games etc) or is scared of?
What are your child's favourite activities?

Topmark After School Club Parent/Carer's Contract

Child's name _____

Parent or carer's name _____

- I consent for my child to attend Topmark After School Club. I understand that the club has policies and procedures and that there are expectations and obligations relating to both the club and myself and my child and I agree to abide by them.
- I understand that the After School Club is a playcare facility and that whilst my child is there After School Club is legally responsible for him/her.
- My child will be provided with a snack and drink whilst at the club unless otherwise requested.
- My child will be given stimulating and challenging play opportunities in a fun and safe environment.
- Once my child is delivered to the After School Club he/she will be in the care of Topmark After School Club until collected and signed out by a 'Named' responsible adult.
- I will inform the club manager/deputy if I am collecting my child from school on a day that he/she is booked in to the club.

My child will attend on the following days (please circle)

Monday – Tuesday – Wednesday – Thursday – Friday

- **I will book into the club on a yearly basis and will pay promptly for sessions even when my child does not attend.**
- **I must give 1 months' notice if my child is going to leave the club.**
- It is my responsibility to keep the club manager informed of any alterations to the information regarding my child.
- I accept that whilst at the After School Club my child may get involved in messy activities and will provide my child with appropriate clothing to accommodate this.
- Topmark After School Club closes at 6.00pm and if for any unforeseen circumstances I am going to be late, I will contact the manager/deputy.
- If my child is not collected by 6.00pm I will pay a charge of £5 per quarter of an hour to cover the costs of the two staff who are legally required to stay.
- If any child remains at 7.00pm, after doing everything possible to contact parents and emergency contacts, then Topmark After School Club will be legally required to contact Social Services.
- Whilst we try to ensure the safety and security of items, we cannot be held responsible for anything lost or stolen.
- I have read the behaviour policy and agree to its terms and appreciate that in some circumstances it may be necessary to exclude my child from the club and I will pay for these missed sessions.
- Should there be any incidents at Topmark After School Club involving my child, I will be informed of the situation.
- If my child has an accident, then he/she will be treated by a qualified first aider and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment and I am unavailable, a member of staff from Topmark After School Club may sign any consent forms necessary for treatment on my behalf.
- Any information and details regarding my child will be treated as confidential. However, there may be times, for example in cases of child protection concerns, when details of my child may be passed on to other agencies. For example Police, Social Care and Health Care Professionals.
- Where the club has endorsed my claim for Tax Credit, Topmark After School Club is legally obliged to notify the HMRC if I cease to use the service during the period of my claim unless I give a minimum of 10 days' notice. Your Tax Credit claim form will indicate that we may be held jointly liable for any claim HMRC consider to be fraudulent.

I have read and understood the above terms and conditions and I agree to abide by them.

Signature: _____ Date: _____

Topmarks After School Club Medical Form

Child's name:	Date of birth:
Doctor:	
Doctor's address:	
Doctor's telephone:	
Does your child or the child in your care have any known medical problems or additional needs? (Please list)	
Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed)	
Does your child have any known allergies? (an Allergy Management Plan will be put in place where required)	
Does your child have any dietary requirements?	
Any other information relevant to your child's health	
Parent/Carer emergency contact telephone numbers:	

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed: _____ Date: _____