



HOLIDAY CLUB

REGISTRATION FORM



Holiday Club

Registration Form

Re-registration/New Registration

Office use only

Date child started

Date form received

Registration fee

Date fee paid

Entered on system

Date child left

Please complete a registration form for each child using black ink and in block capitals. Please return it to the Holiday Club, Morrison's Academy, Crieff PH7 3AN

Any changes in circumstances, in particular to address or contact names and telephone numbers, should be reported in writing to the Holiday Club immediately.

Child information

First name

Surname

Date of Birth

Sex (M/F)

Nursery attended

Child's home address

Correspondence address (if different)

Home telephone

Parents/Guardians Living at Child's Home Address

Relationship to child	<i>e.g. Mother/Step-mother/Guardian</i>	<i>e.g. Father/Step-father/Guardian</i>
Title	<i>e.g. Mrs/Miss/Ms/Other</i>	<i>e.g. Mr/Other</i>
First name		
Surname		
Are you contactable in an emergency during the day? If Yes, please give details (e.g. at home or name of workplace)	Yes/No	Yes/No
Daytime/Work telephone (including STD code)		
Mobile number		
Email		

Emergency Contacts

Relationship to child	<i>e.g. Mother/Step-mother/Guardian</i>	<i>e.g. Father/Step-father/Guardian</i>
Title	<i>e.g. Mrs/Miss/Ms/Other</i>	<i>e.g. Mr/Other</i>
First name		
Surname		
Address (including postcode)		
Home telephone number (including STD code)		
Are they contactable in an emergency during the day? If Yes, please give details (e.g. at home or name of workplace)	Yes/No	Yes/No
Daytime/Work telephone (including STD code)		
Mobile number		
Are they authorised to collect your child from the Holiday Club?	Yes/No	Yes/No

Emergency contacts
(excluding parents/guardians)

Please provide details of someone who can generally be contacted during the School day as an emergency contact if the parents are unavailable

1	<i>Title</i>	<i>First name</i>	<i>Surname</i>	
	<i>Address (including postcode)</i>			
	<i>Tel (with STD code) & mobile</i>		<i>Relationship</i>	
	2	<i>Title</i>	<i>First name</i>	<i>Surname</i>
		<i>Address (including postcode)</i>		
		<i>Tel (with STD code) & mobile</i>		<i>Relationship</i>

Please give details of any individuals other than those already listed who are authorised to collect your child from the Holiday Club
(Please note they must be over 16 years old)

<i>Name</i>	<i>Contact telephone numbers</i>

Medical Contact

Name of Surgery

Telephone Number
(including STD code)

Full postal address of
GP surgery

Medication

Does your child require
medication on a regular
basis?

Yes

No

If Yes, please give details on page 7 and contact staff at the Holiday Club to discuss requirements as Holiday Club staff cannot dispense any medication without prior written approval from the child's parent/guardian.

Medical Information

Does your child suffer
from any of the
following conditions?

Please tick all that apply

<input type="checkbox"/>	Abdominal Migraine	<input type="checkbox"/>	Hay Fever
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Condition
<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Febrile Seizure

Please Provide:

Details of any medical conditions that apply

Details of any known allergies

(including medicines, dietary, insect bites & stings)

Details of any regular medication being taken by your child – please keep holiday staff updated

Details of any other medical or emotional problem that you would wish the Holiday Club to be aware of

Details of any medication you would like the Holiday Club staff to keep for your child (This must be prescribed medication for a named child)

If your child has had any of the following, please provide approximate dates

Chicken Pox	
Diphtheria	
German Measles	
Malaria	
Measles	
Meningitis	
Mumps	
Poliomyelitis	
Tuberculosis	
Typhoid Fever	
Whooping Cough	

Please note

If your child suffers from sickness and diarrhoea please wait 48 hours from the cessation of symptoms before returning to the Holiday Club.

Permission Slip

To be signed by both
parents/guardians
where applicable

I **give/do not give*** permission for Holiday Club staff to
administer prescribed medication provided by me to my child

Signed

Relationship to pupil

Signed

Relationship to pupil

Club Charges

Annual Registration Fee

All children attending the Holiday Club are required to register and re-register each year thereafter. New users may register at any point in the year.

The charges for registration for the year are:

One child £12

Families £20

This fee is an annual payment and must be made on registration. Payment of a registration fee allows you to book a place at Holiday Club.

There will be no reduction in the fee for part-year registration and no reimbursement of fees upon cancellation of registration.

School Holiday Fees

Please see the website for up to date fees:

www.morrisonsacademy.org/our-school/holiday-club/

Payment Methods

Payment can be made by cash or cheque at the Holiday Club. Childcare vouchers are also accepted as payment. (Cheques to be made payable to Morrison's Academy.)

Preferably fees should be paid weekly or monthly in advance. Failure to pay fees will result in the suspension or cancellation of registration.

Help With Costs

Help with childcare fees may be available through the Childcare Element of Working Tax Credits. For further information please contact the Working Tax Credit helpline on 0845 300 3900.

I have read and understood the information regarding the Holiday Club. I understand that there is a fee for this service which I must pay weekly or monthly unless by prior arrangement with the Holiday Club manager. Failure to pay fees will result in the cancellation of my registration.

I also acknowledge that failure to provide the Club with five working days' notice of a cancellation or change to my booking will incur the full fees being charged to me.

I will be liable to pay fees if my child is absent from the Holiday Club due to illness.

I will inform the Holiday Club of any changes to the information detailed in this form.

I declare the information on this form to be correct to the best of my knowledge

Signed	
Print name	
Date	

Annual Parental Approval/Consent

Outings

During the Holiday Club, children may be involved in activities which take them out of the club, for example to local parks, shops, sport fixtures, etc. To allow your child to participate you are asked to give your consent by signing below.

Do you give your permission for your child to take part in activities as above?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Signed				
Print name				
Date				



Emergency Medical Treatment

In the event of an accident while on an excursion or at the Club your son/daughter may require emergency treatment as considered necessary by the medical authorities present. Parents/guardians will be informed as quickly as possible.

Please detail any medical conditions which may be triggered or affected by emergency treatment (e.g. penicillin or latex allergy)

I give permission for my child to receive any emergency treatment as required by a medical professional

Signed

Print name

Date

Data Protection Form

Information

Your permission is required to share information relating to the needs of your child during his/her time at the Holiday Club. Information will be used in assessing the needs for your child's development and may be shared with other appropriate professional and children's service providers.

The Joint Inspection of Services for Children and Inspection of Social Work Services (Scotland) Act 2006 gives professionals the right to share information. If you would like to see a copy of the Act please ask the Manager.

In the event of an inspection, staff may have to share information with the inspectors even without completion of this form.

Signed

Print name

Date

Images of Children

The staff at the Holiday Club occasionally use a camera or video camera to record activities within the setting or on outings.

Do you give your permission for your child to be photographed or videoed

Yes

No

If Yes, please tick as many boxes below as appropriate to show level of consent you give

I give permission for my child to be photographed by the Holiday Club staff for use on displays and on the school website

I give permission for my child to be photographed or videoed and such photos or videos being used for promotional purposes by the Holiday Club

I give permission for my child to be photographed or videoed by third parties, e.g. other parents or the Press – such photos or videos being taken to record children's achievements or participation in events

I understand that I can withdraw this permission at any time by writing to the Holiday Club, Morrison's Academy, Ferntower Road, Crieff PH7 3AN

Signed

Print name

Date

Data Protection Act 1998

The information provided in this form will be processed by the Manager of the holiday club, Morrison's Academy. The information will be available to Holiday Club and administrative staff of the school. The completed form will be stored with your child's registration record. In terms of the Data Protection Act 1998, individuals are entitled to know what information Morrison's Academy holds about them on payment of a fee of £10. Written application should be made to the Rector.