

RAINBOW OUT OF SCHOOL CLUBS LTD

Registration Form

Setting Name: Rainbow Out Of School Clubs LTD at: _____

Date: _____

Details of the Child:

Full Name of Child: _____

Preferred Name/Known As: _____

Address (Including Post Code):

Date of Birth: _____ Age of Child: ____ Position In Family: _____

Name of School your child attends: _____

Gender: _____

Ethnicity: _____ Religion (if any): _____

Is English your child's first Language ? _____ If No, please specify: _____

Language spoken at home: _____

Parent/Guardian Details:

Name (Including Title): _____

Contact Address (Including Post Code):

Mobile Number: _____ Work Number: _____

Email Address: _____ Home Number: _____

Surgery/Dr Name: _____

Doctor's Address (Including Post Code):

Dr's Telephone Number: _____

Please record the names of **ANYONE ELSE** who has Parental Responsibility for your child.

Name: _____ Relationship to Child: _____
Mobile Number: _____ Home Number: _____
Address: _____

Name: _____ Relationship to Child: _____
Mobile Number: _____ Home Number: _____
Address: _____

PLEASE LIST ALL OTHER PERSONS AUTHORISED TO COLLECT MY CHILD: (MUST BE AGED 18)

Name: _____
Mobile Number: _____ Home Number: _____
Address: _____
Relationship to child: _____

Name: _____
Mobile Number: _____ Home Number: _____
Address: _____
Relationship to child: _____

Name: _____
Mobile Number: _____ Home Number: _____
Address: _____
Relationship to child: _____

Name: _____
Mobile Number: _____ Home Number: _____
Address: _____
Relationship to child: _____

Name: _____
Mobile Number: _____ Home Number: _____
Address: _____
Relationship to child: _____

Does your child have any special dietary requirements, allergies and significant food and drink preferences ?

Does your child have any additional requirements, including special educational needs and/or physical disabilities or any significant behavioural issues ?

Please inform us of any other information you wish to share with us:

Sessions Required:

Please specify what days of the week you would like for breakfast and/or after school club

Breakfast Club:

After School Club:

Consent:

I give permission for my child's photograph to be taken:

Yes: No:

(Pictures may be used to display on noticeboard, photobooks, scrapbooks – NOT ON THE INTERNET)

I give permission for a member of staff to administer an epipen or inhaler if required:

Yes: No:

I give agree to a member of staff applying sun cream to my child if required:

Yes: No:

I give permission for my child's details to be shared with other Settings that they attend to help provide continuity of care and accurately track my child's learning and development:

Yes: No:

***I AGREE** to my child attending breakfast/after school club and understand the nature of the activities involved. In the event, that I, as parent/guardian, cannot be reached in an emergency when my child is at breakfast/after school club, I agree to medical and dental treatment being given to my child. This may also include the administration of a general anaesthetic or surgical operation in the case of a medical emergency. Any such action will be in accordance with the recommendation of a qualified medical practitioner. I confirm that the details I have given on this form are correct to the best of my knowledge.

***I DO NOT** agree with the medical declaration for the following reasons/medical care plan in place. **Please attach further information on a separate piece of paper.**

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

*Delete as appropriate.

I agree to the terms and conditions (available on our website www.rainbowschoolclubs.com) and agree to give 4 week's notice to cancel a place at any time. I agree to pay the amount invoiced and understand that I will still be charged if my child does not attend the club for any reason as per the terms and conditions.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Rainbow Out Of School Clubs Ltd Forest Schools - Consent Form.

Full Name of Child:		
Child's Date of Birth:		Setting: RAINBOW OUT OF SCHOOL CLUBS LTD
Address:		
Postcode:		
Phone Number:		Email:

Medical Information

Please give details of any medical condition, which might affect outdoor forest school sessions.

Continue overleaf if necessary

As an additional precaution, please tell us in more detail about allergies and insect stings.

Please tick:

- My child has never been stung by a wasp/bee.
- My child has been stung by a wasp/bee and made a normal recovery.
- My child has been stung by a wasp/bee and had an allergic reaction.

If you ticked the final box, we will get in touch with you to get further information.

My child has the following food allergy/allergies:

Name of GP/Doctor/Surgery	
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Emergency Contact Information (Parent / Carer and an alternative emergency contact)

Name: _____ Tel number: _____

Name: _____ Tel number: _____

Suggested Forest School Kit List:

A part of the ethos of Forest School is "There is no such thing as bad weather, just bad clothing". The idea is that if sufficient, comfortable and appropriate clothing is provided, all children can enjoy the Forest School experience in all weathers. The only exception to this is high winds, it not being wise to be under the trees if there is a risk of falling trees or branches.

We recommend that you provide your child with the following in the winter, these can be stored at the after school club, if you wish to provide such clothing:

- Wellington boots or spare trainers.
- Waterproof trousers or all in one.
- Wet weather jacket.
- Hat and Gloves (preferably waterproof)
- Spare Clothes

These should be old clothes or clothes that parents/guardians do not mind getting dirty as these clothes will get dirty. Please put them in a rucksack/carrier bag with your child's name on.

In summer, it is recommended to wear long trousers and long sleeved tops because it is cooler under the trees and they help to protect from insect bites and scratches. Please also provide your child with a sunhat and Suncream.

Emergency Contact:

Should you need to contact us in an emergency during club hours, please phone the club phone on: Cage Green After School Club: 07592 834144,

Stocks Green After School Club:07510 695741

Woodlands After School Club:07704 756310

If you have any queries, please contact Sarah Smith on: contact@rainbowschoolclubs.com

Consent:

- I agree to my child taking part in Forest School Sessions led by a Qualified Level 3 Forest School Practitioner.
- I understand that my child, may at some point, at an appropriate level, have opportunities to work with hand tools, such as whittling knives, potato peelers, loppers, billhooks and bowsaws under the supervision of a Qualified Level 3 Forest School Practitioner.
- I understand that my child will participate and light fires under the supervision of a Qualified Level 3 Forest School Practitioner through the course of their Forest School work and may have the chance to cook and eat on a fire at Forest School. They may also boil water/milk for a hot drink on a fire.
- I understand that my child may be involved in preparing shelters, using ropes and knots.
- I give consent for my child to receive emergency first aid should the need arise, and for my child to receive emergency treatment from any healthcare professionals. I understand that it may not be possible to contact myself/other contact in an emergency and that treatment may go ahead without my knowledge
- I understand that my child may get dirty/muddy and messy during the Forest Schools. I understand that I can provide the club with spare clothes/waterproof clothing/wellington boots if I wish to do so.
- I understand that there are risks associated with Forest School sessions, however these have been risk assessed by a Qualified Level 3 Forest School Practitioner.
- I give consent for my child to be photographed during a Forest School Session
- I understand that my child cannot participate in the activities listed above if I do not give consent.
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I understand and agree with all of the above statements regarding Forest School Sessions:

Signed: (Parent/Carer):

Name of Parent / Carer:

Date:

