

# Registration form for Out of School Club



**RIVERBANK  
OUT OF SCHOOL CLUB**

We are registered with the Data Protection Act and you have a right to view the information held by MCCPL all information given to a staff member is treated in the strictest confidence and is only passed on to other staff members on a need to know basis, If issues arise that involve Child Protection, Criminal or Legal matters, these issues will need to be passed on to the appropriate authorities.

## Child's Details

<b>Name:</b>	
<b>Date of birth:</b>	<b>M/F</b> <b>Verified Y/N</b>
<b>Address:</b>	
<b>Postcode:</b>	
<b>Start date:</b>	
<b>Finish date:</b>	
<b>School they attend:</b>	
<b>Walking Bus required:</b>	<b>Y/N</b>

## **MILLMEAD CHILDREN'S CENTRE PARTNERSHIP LIMITED**

Millmead Children's Centre  
Dane Valley Road, Margate, Kent, CT9 3RU  
Tel: 01843 282244

[riverbank@surestartmillmead.org.uk](mailto:riverbank@surestartmillmead.org.uk)  
[www.surestartmillmead.org.uk](http://www.surestartmillmead.org.uk)

**Family Details**



**RIVERBANK  
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<b>Name of parent/guardian: 1)</b>	
2)	
<b>Address :</b> (if different from child)	
<b>Contact details:</b>	
<b>Home:</b>	
<b>Work:</b>	
<b>Mobile:</b>	
<b>Siblings:</b>	
<b>Full Name:</b>	<b>Age:</b>
<b>Full Name:</b>	<b>Age:</b>
<b>Full Name:</b>	<b>Age:</b>

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**Emergency Contacts**

(people who are permitted to collect the child in your absence)  
We are unable to release children into the care of another person, whether related or not, who is or appears to be under the age of 16. We operate a security password system in the event of an extreme emergency, you may be asked to supply a codeword that will only be known to yourself and the nominated person.  
Only persons who are named below will be able to collect your child in your absence unless arrangements are made prior to pick-up by yourselves with the Out of School Club.



<b>Name:</b>	<b>Relationship to Child</b>	<b>Contact Number:</b>
1.		
2.		
3.		
4.		

**PASSWORD=**

**OTHER AGENCIES:**

<p><b>Is your child known to any other services, i.e.—Speech &amp; Language, Social Services etc?</b></p> <p style="text-align: right;"><b>Y/N</b></p> <p><b>If yes, please give details.</b></p>
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## Permissions



## **RIVERBANK OUT OF SCHOOL CLUB**

Please circle (Y) yes or (N) no after each statement and sign at the bottom.

I give my consent for;

- Any emergency medical treatment including anaesthetic if required by medical staff in my absence.

Y/N

- For speech and language screening.

Y/N

- For staff to carry out observations that may be written, photographed or videoed, including press releases.

Y/N

- Supervised outings in the locality with occasional travel on public transport.

Y/N

- Application of sun cream.

Y/N

- Photographs of children to be taken at special events, such as Christmas Concerts, Easter etc.

Y/N

- Permission to apply adhesive plasters should they be needed.

Y/N

Signature of Parent/Carer:

Name of Parent/ Carer:

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Every effort will be made to contact parent or relative should a medical emergency arise.



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Written and photographic observations may on occasion be shared with Ofsted and other professionals if it is in the best interests of the child.

**Medical information**

<b>Family Doctor</b> <b>Name:</b> <b>Address</b>     <b>Contact number:</b>   <b>Health Visitor</b> <b>Name:</b>  <b>Contact number:</b>
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<u>Vaccinations</u>	<u>Medication and allergies</u>
<ul style="list-style-type: none"><li>• Tick if your child has been immunised against the following</li><li>• Include additional vaccinations if relevant</li></ul>	<ul style="list-style-type: none"><li>• Note any medication or inhalers that your child is currently taking / using</li><li>• Any known allergies</li></ul>
<input type="radio"/> Diphtheria <input type="radio"/> Whooping Cough <input type="radio"/> Tetanus <input type="radio"/> Polio <input type="radio"/> Hib B <input type="radio"/> Meningitis c <input type="radio"/> Pneumococcal infections <input type="radio"/> MMR	

Parent/Carer name:  Parent/Carer Signature:  Date:
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# Riverbank Monitoring Information

Children of all families are welcome at Riverbank without discrimination, and regardless of employment status, disabilities or area boundaries. Please complete fully.



<b>Child's details</b>		<b>Ethnic origin</b>	✓
Name		White British	
		White Irish	
		Any other white (specify)	
Date of birth		White & black Caribbean	
		White & black African	
Age (years & months)		White & Asian	
		Other mixed race (specify)	
Postcode		Asian	
		Asian/ Asian British	
Hours per week in nursery		Indian	
		Pakistani	
<b>Parents details</b>		Bangladeshi	
1 or more parents in higher/ further education	Yes      No	Other Asian (specify)	
		Black/black British	
1 or more parents working 35+ hours per week	Yes      No	Caribbean	
		African	
1 or more parents working 16-35 hours per week	Yes      No	Other black(specify)	
		Chinese	
1 or more parents working less than 16 hours per week	Yes      No	Any other ethnic group	
<b>Children with additional needs</b>			✓
Behaviour, emotional and social development needs Communication and interaction needs Sensory/ physical needs Other/combination of needs			
<b>Date on completion:</b>			

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**EMERGENCY DRILL MONITORING SHEET:**



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CHILD'S NAME:

PARENT'S NAME:

ADDRESS:

CONTACT NUMBERS:

EMERGENCY CONTACT NUMBERS:

Name:

Number:

SIGNATURE:

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