

Admin only (February 2018)

Name.....

DOB.....

Sessions:

BC - M T W Th F

ASC - M T W Th F

Start date.....



Charity No. 1039617

# OUT OF SCHOOL REGISTRATION PACK

(Breakfast, After School, and Holiday Club)

Please read through all the pages and fill in all sections  
If you have any queries please contact the manager

The Beehive Childcare Group  
Eaton Parish Hall  
Colman Road  
Norwich  
NR4 7AW

Tel: 01603 259193  
Email: [beehives@btconnect.com](mailto:beehives@btconnect.com)  
Website: [www.thebeehivechildcaregroup.co.uk](http://www.thebeehivechildcaregroup.co.uk)

Start Date	

## BEEHIVE CHILDCARE GROUP – OUT OF SCHOOL

**PERSONAL DETAILS**

Child's Full Name..... Male  Female

Name known as.....Pronounced .....

Date of Birth .....

Child's Address.....

.....Postcode.....

Telephone.....Mobile.....

Email address.....

Full Names of parent(s)/carer(s) with whom the child lives

1.....Relationship to child: .....

Does this person have parental responsibility? Yes /No. Email address .....

2..... Relationship to child:.....

Does this person have parental responsibility? Yes / No. Email address .....

How long have you lived in the UK? .....

Are you(please tick): a UK resident  non-UK resident  Refugee Asylum Seeker

Names and dates of birth of any other children in the main residence:

.....

Details of other adults living at child's address (If any):

.....

	Parent 1	Parent 2
Name of parent(s) (If not living with the child): .....	.....	.....
Does this parent have parental responsibility?	Yes / No	Yes / No
Address, including postcode:	.....	.....
	.....	.....
	.....	.....

Names and dates of birth of any other children living at this address

Telephone/Mobile: .....

Does this parent have legal access to the child? Yes / No Yes / No

Are there any custody arrangements we need to be aware of? Yes / No Yes / No

*(If Yes, please complete the Court Orders form in this pack and return it to the Manager.)*

**Emergency contact details**

**Parent 1** – Work/daytime contact number.....

Occupation/place of work.....

**Parent 2** – Work/daytime contact number.....

Occupation/place of work.....

Give additional contact details, if you are not available, of adults who **will** collect your child in case of illness/emergency.

Name ..... Relation to Child .....

Telephone..... Mobile.....

Name.....Relation to Child.....

Telephone..... Mobile.....

Please give the names of one or two other people authorised to collect your child from the Beehive Childcare Group (Must be over 16 years old)

1.....Mobile.....

2.....Mobile.....

**MEDICAL DETAILS**

Name of Doctor .....Telephone Number .....

Surgery address.....

.....Post code.....

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**For pre-school aged children only:**

Name of Health Visitor .....

Telephone Number .....

Health Centre Address.....

.....

Has your child been immunised against the following at the ages 2, 3 and 4 months old?

Haemophilus influenzae Yes  No  Whooping Cough Yes  No

Diphtheria Yes  No  Polio Yes  No

Tetanus Yes  No  Pneumococcal Infection Yes  No

Meningitis C Yes  No

Has your child been immunised against the following at the age of Twelve and Thirteen months old, and again at starting school age (age 3 years 4 months to 5 years)?

Haemophilus influenzae Yes  No  M.M.R Yes  No

Meningitis C Yes  No  Pneumococcal Infection Yes  No

Does your child suffer from any allergies or require any special medical attention? Yes  No

If Yes, please specify allergy.....

State medication used.....

**(If administration of the medication is required in the school environment, please speak to the Manager – we have a Medical Record Book which needs to be signed by a parent or guardian. We will require a letter from your GP with information regarding ongoing medication)**

Has your child been in hospital recently? Yes  No

If Yes, please specify.....

Is your child currently having speech therapy or regular hearing checks? Yes  No

If Yes, please state organisation under which the child is receiving help.

**FURTHER INFORMATION**

Does your child have any disabilities? Yes  No

If yes, please state the disability.....

We want anyone with disabilities to receive fair provision in our organisation, please indicate if there are any specific improvements or changes that we may be able to provide:

Does your child require any special care or diet? Yes  No

*If yes, please complete the 'Special dietary/care requirements' form near the end of this pack.*

Are there any recent events which you feel may have affected your child or anything you think may be beneficial for us to be made aware of? For example, recent family changes, pets etc

Is your child able to make a simple snack with supervision, whilst at Club? Yes  No

Has your child previously attended Beehive Pre-school/ After School /Breakfast/Holiday Club? Yes  No

Has your child previously attended another 'Out of school hours' child care facility? Yes  No

During your time with us would you like to volunteer to help with any of the following?

- Become an Honorary Committee Member or Committee Member Yes  No
- Work as a member of the fund raising committee Yes  No
- Wash towels / dressing up clothes, etc Yes  No

Help with cooking / planned activities

Yes  No

Repairs to equipment

Yes  No

**ETHNIC GROUP**

To enable us to remove any unfairness or disadvantage and to help us with our equality policies, please tell us your racial background:

White

- British
- English
- Irish
- Scottish
- Welsh
- Gypsy/Roma
- Traveller of Irish Heritage
- Any other White Please specify.....

Mixed

- White and Black Caribbean
- White and Black African
- White and Black Asian
- Any other Mixed
- Please specify.....

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian
- Please specify.....

Black or British

- Caribbean
- African
- Any other Black
- Please specify.....

Chinese or other ethnic background

- Chinese
- Any other ethnic group
- Please specify.....

Does your child have any special cultural needs?

.....

What is the main religion in your family?

.....

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?.....

.....

Which language(s) are spoken at home? .....

Which languages can your child: speak? .....understand? .....

What language does your family read and write in? .....

Please state first and second language if not English .....

.....

1. From time to time we may wish to take your child out of Afterschool & Holiday Clubs to visit local places of interest or on organised trips further a field.

Do you give your consent for your child to leave the premises on any accompanied outing? Yes  No

2. We periodically take photographs of children at Breakfast, After school and Holiday Clubs and use the photographs in the child's file, in our displays, and occasionally in publicity materials, including the Beehive website. We may also video some events, such as activity days, outings and other events.

Do you give permission for the Beehive Group to photograph or video your child and use in folders, displays, on our website or in our publicity materials?

Folders Yes  No  Displays Yes  No  Photo Yes  No  Video Yes  No  The internet/Publicity Yes  No

3. At Beehives we want your child to enjoy the sun safely. It is important for your child to be protected when playing outside.

Do you consent to your child wearing sun cream provided by Beehives? Yes  No

Or Will you provide sun cream for your child (clearly labelled with child's name) Yes  No

4. Do you give permission for your child to be helped in the applying of sunscreen by the Beehives staff? Yes  No

5. Do you give permission for Beehive staff to apply plasters to your child if required? Yes  No

6. Do you give your consent for basic first aid to be administered to your child by Beehive staff if required? Yes  No

7. Do you give permission for Beehive staff to take appropriate action to obtain medical help for your child, including sending them to hospital, if required? Yes  No

8. Do you give permission for Beehive staff to authorise medical treatment for your child should it be required on their admission to hospital, or if we are unable to contact you? Yes  No

9. Do you give permission for your child to watch dvds at Beehive? Primarily these dvds are U or G, however a limited number of PG rated films are watched in the setting. These films are always pre-watched by a member of staff for suitability, if you have any films you would prefer your child not to watch then please let us know. A list of our PG films is displayed in the setting. Yes  No

**Please check you have ticked all the appropriate boxes on this page, then sign and date. If there is anything you don't understand please speak to the Manager.**

Parent/carer signature ..... Print Name ..... Date.....

**DECLARATION**

I agree to abide by the rules, policies and procedures of The Beehive Childcare Group. I agree to pay fees and any additional charges for outings, parties and other events when due.

Parent/carer signature ..... Print Name ..... Date.....

How did you hear about the Beehive Breakfast/After school/Holiday Club?

## AGREEMENT

In order for beehive to keep our costs competitive it is important for us to keep on top of our bills and to not let families fall into arrears. We ask that all parents sign an agreement to help us to make sure that this does not happen.

- I agree to pay my fees (please tick) :

At each session

Weekly, on a (please state day) .....

Monthly, on the following date .....

Half termly, within the first 14 days of that half term.

Any weekly/monthly payments should cover the full cost of that coming week/month, rather than fees being carried forward to the following month. There should be no outstanding fees at the end of each half term.

- I will pay via: cash                      cheque                      BACS                      vouchers
- I will pay any additional charges for outings, parties and other events in advance.

If you fail to keep on top of your bill then your child may lose any sessions that you pay for at Beehive. If you find that you struggle to pay your bill then please speak to us at the earliest opportunity so that we may help you.

- . I agree to abide by the rules, policies and procedures of The Beehive Childcare Group.

Child's name .....

Parent/Carer signature ..... Date .....

Print name .....

Email address where invoices are to be sent .....

## COURT ORDER FORM

Is the child subject to any court order? Yes  No

If Yes, please specify and give details:

1. CONTACT ORDER Defining how, where, when, with whom and for how long contact should be made.

2. RESIDENCE ORDER Determining with whom the child should live.

3. SPECIFIC ISSUE ORDER Determining specific questions, which cannot be agreed voluntarily.

4. PROHIBATED STEPS ORDER Preventing someone from doing something s/he might normally do in fulfilling PARENTAL RESPONSIBILITY

5. CARE ORDER Which may determine the extent to which PARENTAL RESPONSIBILITY may be exercised.

6. SUPERVISION ORDER

7. EDUCATION SUPERVISION ORDER

8. ANY OTHER INFORMATION: (By Whom)

SIGNED:

DATE:



## SPECIAL DIETARY/CARE REQUIREMENTS FORM

This form should be filled in for children with special dietary/care requirements, preferences or allergies.

Childs Name: .....

Setting: .....

Details:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date Completed: .....

Parent/Guardian signature: .....

Staff Signature: .....

Is a letter from the child's GP required? Yes  No

Copy attached Yes  No

Staff Signature.....Date.....

## THE BEEHIVE CHILDCARE GROUP BREAKFAST AND AFTER SCHOOL CLUB DEPOSIT FORM

Dear Parent / Guardian

A deposit of £35 will be required for After School Club and £12.50 for Breakfast Club prior to the start of your child at The Beehive. This deposit will be returned when your child leaves if no fees are outstanding.

When you have paid your deposit a start date will be arranged between yourself and our Manager. If however you wish to cancel your child's place you must contact us at least 4 weeks in advance, if you fail to do this your deposit will not be refunded. Also if you wish to re-arrange your child's start date we will need at least 2 weeks notice.

A new date can then be arranged with our Manager this will ensure your child's place for a further 2 weeks. We apologise but we are unable to hold open your child's place for longer (unless under exceptional circumstances), as we work a waiting list system.

Please return the slip below, to the Manager.

(This must be received 4 weeks before the start date of your child)

Detach here.

NAME OF CHILD.....

<p>For The Attention of: Tina Royal</p> <p>The Beehive Childcare Group Eaton Parish Hall Colman Road Norwich NR4 7AW</p>	<p>Deposit Fee £_____</p> <p><input type="checkbox"/> Cash (Please do not send in post)</p> <p><input type="checkbox"/> Cheques payable to: <b>The Beehive Childcare Group</b></p> <p><input type="checkbox"/> Postal Order</p> <p><input type="checkbox"/> BACS payments Quote child's name as reference: A/C name: The Beehive Childcare Group A/C no. 43392283 Sort code: 09-01-53</p>
<p>Sorry, we do not accept credit/debit cards</p>	

Start date .....

Please indicate which session(s) you would like your child to attend.

	Breakfast Club		After School Club		(please tick preferred finish time)
Monday	8.00am-8.40am	<input type="checkbox"/>	3:10pm - 5:30pm	<input type="checkbox"/>	3:10pm - 6pm <input type="checkbox"/>
Tuesday	8.00am-8.40am	<input type="checkbox"/>	3:10pm - 5:30pm	<input type="checkbox"/>	3:10pm - 6pm <input type="checkbox"/>
Wednesday	8.00am-8.40am	<input type="checkbox"/>	3:10pm - 5:30pm	<input type="checkbox"/>	3:10pm - 6pm <input type="checkbox"/>
Thursday	8.00am-8.40am	<input type="checkbox"/>	3:10pm - 5:30pm	<input type="checkbox"/>	3:10pm - 6pm <input type="checkbox"/>
Friday	8.00am-8.40am	<input type="checkbox"/>	3:10pm - 5:30pm	<input type="checkbox"/>	3:10pm - 6pm <input type="checkbox"/>