

Child's Birth Certificate:

Date seen:

Verified by (Staff name):



Registration Form

Term-time

About your child – Please complete this 3-page form in its entirety

Child's first name: Last name:

Preferred name: Sex: Male / Female Age:

Date of Birth:/...../..... Name of School:

Class: Nationality:

First Language: Religion:

Does your child have a sibling who has / is attending Superkids: **Yes / No**

Sibling Name/s:

You are required to produce your child's birth certificate before their first day at Superkids.

About the primary carer

Title: Full name of **main** Parent or Carer:

Do you have parental responsibility? **Yes / No** Relationship to child:

Mobile No: Home Tel. No:

Home Address:

Postcode: Local Authority:

Email:

Is this child the subject of a court order? **Yes / No** (If Yes, please provide a copy of the Order)

Your child's emergency contact

Alternative Emergency contact #1: Does this person have parental responsibility? **Yes / No**

Name: Relationship to child:

Tel no: Address: Same as main carer **Yes / No**

If no: Postcode:

Alternative Emergency contact #2: Does this person have parental responsibility? **Yes / No**

Name: Relationship to child:

Tel no: Address: Same as main carer **Yes / No**

If no: Postcode:

Attendance and collections

Attendance: Please circle sessions required:

Breakfast Club:

Monday Tuesday Wednesday Thursday Friday

After School Club:

Monday Tuesday Wednesday Thursday Friday

Start Date:

Collection: Please state who will be collecting your child

Main Carer: **Yes / No**

Emergency contact #1: **Yes / No**

Emergency contact #2: **Yes / No**

Collection Password:

(A password is required to identify individuals authorised to collect your child)

Photograph consent

Superkids would like to include photographs of children participating in all types of activities at Breakfast, After School and Holiday Playscheme club. These photos would be used for: Your child's one-page profile, internal display boards and notice boards, communication book and club photo book.

Photos WILL NOT be published on our website or used for publicity purposes without your expressed consent.

Parent / Carer Consent: I have read and understood the conditions under which photos of my child may be used. I have noted that I can withdraw my consent in writing at any time. **Please delete as appropriate and sign**

I **do / do not** consent for Superkids to include photos of my child as outlined above

Please note: The team will require a passport sized photo of any children with allergies or food intolerances.

Signature of parent or guardian: **Date:**

Medical, allergy and dietary

Medical Details: *This information is **essential** for us to provide the correct support for your child.*

Does your child have any medical conditions? **Yes / No**

Does your child have any additional needs? **Yes / No** *You can add more information on the next page*

Please give details of medical condition and support required

Does your child have a health care plan? **Yes / No**

Is your child taking any medication? **Yes / No** (If yes, please contact us for a medication form)

Does your child have any known allergies or dietary requirements? **Yes / No**

Please give details:

Name & Address of GP: **Tel No:**

Name & Address of Dentist: **Tel No:**

Name of Health Visitor or Social Worker: **Tel No:**

Parental consent

Please delete as appropriate

I do / do not consent for my child to be given **First Aid treatment** or taken to hospital in an emergency.

I do / do not consent to a member of Superkids staff applying sun cream to my child in hot conditions only if he/she is unable to do it for themselves. (Note: **Sun cream must be supplied by the parent/guardian**).

I do / do not consent to receiving **Holiday Playscheme information**.

Declaration

- I hereby consent for my child to take up a place at this setting, according to the terms and conditions and its policies and procedures. I have understood that places are allocated on a first come first served basis on receipt of this Registration form. I understand the expectations and obligations relating to both myself and the setting and agree to abide by them.
- I confirm that the information given above is correct and I promise to contact the manager in writing as soon as any of the details change.
- I agree that my child will conduct themselves according to the standards of behaviour set out by Superkids and will abide by safety instructions given by staff.
- I understand that Superkids has a duty of care and may discuss my child's development with the School or other Professional Agencies to ensure my child's needs are fully supported.
- I understand that persistent late or non-payment of fees or late collection of my child after the published club closing time will incur a late charge and will jeopardise my child's continued attendance at the setting.
- I understand that all pre-booked or set days remain payable during any type of absence and sickness.
- I understand that my child's place will continue into each new term and year until I provide 4 weeks' notice in writing to terminate my child's place at Superkids. Places will automatically cease at the end of Year 6.
- I agree to pay a registration deposit with this application (not applicable to Adhoc bookings). If places are not available, I understand my child will be added to a waiting list and Superkids will contact me when a place becomes available.

Signature of parent or guardian: **Date:**



Additional Support Information

Please complete this form if your child has additional support needs, a disability, sensitivity, or if you have concerns for any aspect of their development. Our team will use this form to understand your child's requirements and support your child, where possible. Please provide us with as much detail as possible.

Please indicate where your child may require support:

Non-diagnosed	Y/N	Behaviour	Y/N	Toilet requirements or Personal care*	Y/N	ASD	Y/N
Learning support	Y/N	ADHD	Y/N	One to one support*	Y/N	Other	Y/N
If other please specify							

* Superkids operate a staffing ratio from 1:15 up to 1:25 depending on the club.

Children who require personal care or 1:1 support will be assessed separately to ensure that we can meet fully their requirements.

Describe how your child requires additional support and how this presents itself (i.e. responds to instructions, following routine, safety trips – trips).

Describe how Superkids can support your child:

Are there any triggers that upset your child?

How do you calm your child once they are upset? Are their activities or actions that your child finds soothing?

Does your child require any special resources or equipment?

If your child requires medication whilst at Superkids, please ask for our Medication form.

I confirm the details I have provided are accurate and correct and understand that the information provided on this form will assist Superkids in meeting my child's individual care needs.

I understand that any information I have provided is private and confidential.

I agree to inform Superkids in writing immediately of any changes to personal information about my child.

Parent Sign:	Date:
Club Manager sign:	Review Date:



Notification of your Child's Preferences

Child's full Name

Please take this opportunity to let Superkids know your child's likes.
Superkids will endeavour to meet preferences wherever possible whilst ensuring that children are offered nutritious and varied foods as stated in our Prospectus.

Breakfast: (Including milk: full fat / semi skimmed / soya)	Afternoon snacks: (e.g., fruit, vegetables, sandwich filling)
I like.....	I like.....
I dislike.....	I dislike....
Play activities: (indoor and outdoor games and activities)	
I like.....	I dislike.....