

# HAPPY DAYS HOLIDAY & AFTER SCHOOL CLUB



## REGISTRATION FORM

To complete Registration, Parents/Guardians must fill out all sections of the Registration Form.

A Registration form is required for each child. This information will be stored securely. You will only need to complete this form on your first visit, but it is the Parents/Guardians responsibility to ensure the information is current and up to date.

When completed the Parents/Guardians must sign, date and return form to club at address below.

A separate booking form is used to reserve places at the holiday club and needs to be completed prior to each holiday period. A booking will not be confirmed and completed before a Registration form has been received.

Our information is not linked to The Leys School, so if you need to notify the club of any changes, you would contact us directly.

### IMPORTANT INFORMATION

If your child requires medication to be taken whilst at the club, please complete and sign a medication form.

Familiarise yourself with all policies and procedures that are aligned with the club, a hard copy can be ordered from the club or emailed on request.

Ensure you have read the clubs terms and conditions

### TERMS AND CONDITIONS

ALL BOOKINGS ARE ON A FIRST COME FIRST SERVE BASIS.

ALL BOOKINGS NEED TO BE MADE IN ADVANCE – 24 HOURS MINIMUM.

NO REFUNDS ARE GIVEN FOR DAYS BOOKED & NOT ATTENDED.

ANY CANCELLATION WITHOUT 24 HOURS NOTICE WILL STILL BE CHARGED.

1. confirmation of your booking is automatic upon receipt. Should we be full or unable to confirm your booking we will contact you.
2. Payment of the fee is regarded as evidence of your acceptance of the booking conditions.
3. Bookings are non-transferable and non refundable
4. The organisers reserve the right to amend the programme when found to be necessary
5. Happy days club does not accept liability for any loss or damage to property however caused
6. Regulations made for the safety of happy days club members must be observed at all times
7. Management does not accept responsibility for unaccompanied children after the advertised hours
8. No refund will be given unless discussed and approved by management in exceptional circumstances.
9. Late pick-ups are charged at £ 5.00 per child for every 15 minutes.

If it is deemed that a child's behaviour is incompatible with the safe enjoyment of other children the management reserves the right to exclude any children from activities such behaviour will be recorded and reported to parents as per our behaviour policy

happydayssafter-schoolclub@gmail.com

SG1 4QZ

HERTFORDSHIRE

STEVENAGE

RIPON ROAD

THE LEYS PRIMARY SCHOOL

TRACIE - 07446099665

DENISE MILNER - CLUB MANAGER - 07883511319

CONTACTS

LATE PICK UPS ARE CHARGED AT £5.00 PER CHILD FOR EVERY 15 MINUTES LATE

£10.00 PER CHILD HALF DAY 8AM TILL 1PM/ 1PM TILL 6PM

£15.00 PER CHILD FULL DAY 8.00AM TILL 6PM

HOLIDAY CLUB

£6.50 PER CHILD TILL 6PM

£5.00 PER CHILD TILL 5PM

AFTER SCHOOL CLUB

COSTS



CHILDS DETAILS

CHILDS FULL NAME	
DOB	AGE
GENDER	SCHOOL
ADDRESS	
POSTCODE	

PARENT/GUARDIAN DETAILS

NAME OF PARENT/GUARDIAN NO 1	TITLE	RELATIONSHIP TO CHILD
ADDRESS		
POSTCODE		
HOME TEL	WORK TEL	MOBILE TEL

EMAIL ADDRESS

NAME OF PARENT/GUARDIAN NO 2	TITLE	RELATIONSHIP TO CHILD
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ADDRESS

POSTCODE

HOME TEL	WORK TEL	MOBILE TEL
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EMAIL ADDRESS

DOES ANY OTHER PERSON HAVE PARENTAL RESPONSABILTY OTHER THAN YOURSELF ?	YES NO	PERSONS NAME CONTACT RELATIONSHIP
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DO YOU WISH TO BE CONTACTED SHOULD THIS PERSON COLLECT YOUR CHILD ?	YES NO
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IS THERE ANY ORDERS EXCLUDING ANY ADULTS WHO SHOULD NOT COLLECT YOUR CHILD ? YES/ NO      DETAILS
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3RD CONTACT

NAME	RELATIONSHIP
HOME NO	MOBILE NO
ADDRESS	

IN AN EMERGENCY WHO WOULD YOU LIKE US TO CONTACT FIRST ?
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**OTHER DETAILS**

CHILD'S DIETARY REQUIREMENTS ?  
 NONE  
 DETAILS

CHILD'S MEDICAL HISTORY INCLUDING CHILDHOOD ILLNESSES WHICH INFLUENCES DAILY CARE  
 ALLERGIES, ALLERGIES TO ANY MEDICATION, ASTHMA, OR ANY OTHER MEDICAL CONDITION ?  
 NONE  
 DETAILS  
 IF YOUR CHILD REQUIRES ANY MEDICATION TO BE TAKEN WHILST AT THE CLUB, PLEASE COMPLETE AND SIGN  
 A HEALTH PLAN/MEDICATION FORM. MEDICATION CANNOT BE ADMINISTERED UNLESS FORM HAS BEEN  
 COMPLETED  
 DETAILS OF YOUR CHILD'S IMMUNISATIONS AND CHILDHOOD DISEASES

MEASLES	MMR	TETANUS
YES	YES	YES
NO	NO	NO
DATE	DATE	DATE
HAD CHICKEN POX ? YES	HAD MEASLES ? YES	HAD MUMPS ? YES
NO	NO	NO

**DOCTORS DETAILS**

DOCTORS NAME  
 DOCTORS NUMBER

SURGERY NAME AND ADDRESS

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD  
 EG - PREFERRED NAME

PERMISSION

I AGREE TO MY CHILDS HANDS AND FACE BEING PAINTED	YES NO
I AGREE THAT STAFF CAN TAKE MY CHILD ON ACTIVITIES AT THE CLUB THAT MAY INVOLVE VISITING, PARKS, LIBARIES ETC	YES NO
I CONSENT TO MY CHILD TO USE PLAYSTION,XBOX,WII	YES NO
I AGREE TO MY CHILD BEING PHOTOGRAPHED FOR DISPLAY AND PUBLICITY PURPOSES	YES NO
I CONSENT TO YOU APPLYING SUN CREAM THAT I HAVE PROVIDED FOR MY CHILD	YES NO
I CONSENT TO MY CHILD WACTHING THE FOLLOWING MOVIES	U PG 12
I CONSENT TO ANY EMERGANCY MEDICAL TREATMENT NECESSARY, AND AUTHORISE STAFF TO SIGN ANY WRITTEN FORM OF CONSENT REQUIRED BY THE HOSPITAL AUTHORITIES IF THE DELAY IN GETTING MY SIGNATURE IS CONSIDERED BY THE DOCTOR TO ENDANGR MY CHILDS HEATH AND SAFETY	YES NO

AGREEMENT

I/WE AGREE TO

THE TERMS AND CONDITIONS OF MAKING A BOOKING  
PROVIDE UP TO DATE INFORMATION ABOUT MY CHILD INCLUDING CONTACT DETAILS  
COLLECT MY CHILD PROMPTLY AT THE END OF BOOKED SESSION 18.00 MONDAY TO FRIDAY CLUB STAFF MAY HAVE TO INFORM SOCIAL SERVICES IF ANY CHILD REMAINS AFTER 18.00 AS THESE ARE REGISTERED HOURS.  
SIGN MY CHILD IN AND OUT OF CLUB AND TO NOTIFY THE STAFF IN ADVANCE IF ANY ADULT OTHER THAN THOSE SPECIFIED IN CONTACTS IS TO BRING/COLLECT MY CHILD  
INFORM THE CLUB IF MY CHILD IS TO BE ABSENT FROM A BOOKING FOR ANY REASON

SIGNATURES

PARENT/GUARDIAN NO 1 SIGNATURE DATE	PARENT/GUARDIAN NO 2 SIGNATURE DATE
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