

ASPIRE CHILDCARE PROJECT

“Little steps to a big future”

CHILD APPLICATION TO ATTEND ASPIRE CHILDCARE PROJECT

BREAKFAST & AFTERSCHOOL CLUB

PLEASE COMPLETE ALL SECTIONS OF THIS FORM WRITING CLEARLY IN **CAPITALS LETTERS**.

THIS FORM SHOULD BE RETURNED TO THE ADMINISTRATOR OF ASPIRE CHILDCARE PROJECT

SECTION 1

Days/times required (Please tick)

All 5 Days (M-F)	Monday	Tuesday	Wednesday	Thursday	Friday

BREAKFAST CLUB (Phoenix Sch. Only)

AFTERSCHOOL CLUB

8:00am – 9:00am		3:30pm – 5:45pm	3:30pm - 6.45pm

***Please note charges for days/sessions booked are not transferable and MUST be paid in full.**

SECTION 2

Your Child’s Details

First Name: _____ Last Name: _____

Sex of child (please tick) : Boy Girl Date of birth: ___ / ___ / ___ Age: _____

School child attends: _____

Class & Class Teacher: _____

PLEASE COMPLETE THE MONITORING INFORMATION BELOW.

Child’s first language: _____ Child’s religion: _____

Please describe your child’s ethnic background (**please circle**):

Mixed/Dual Background: - White & Black African White & Black Caribbean White & Asian

Other (please specify) _____

Asian Background:- Asian Asian British Bangladeshi Indian Pakistani

Chinese Japanese Other (please specify) _____

Black Background: - Black British Caribbean Ghanaian Nigerian Sierra Leonean

Somalian Other (please specify) _____

White Background: - White British Irish West European (please specify) _____

East European (please specify) _____ Greek Greek Cypriot

Turkish Cypriot Turkish Other (please specify) _____

SECTION 3

Child's particular needs

To enable us to fully include your child in all aspects of the project and to meet your child's individual needs and requirements, please give us any relevant information.

Does your child have a disability? Yes [] No []

If yes, please give details _____

Does your child have a statement of educational needs or are you waiting for an assessment? Yes [] No []

If yes, please give details _____

Is there anything about your child's behaviour that we need to be aware of? Yes [] No []

If yes, please give details: _____

Are there any foods/drinks your child should not have? Yes [] No []

If yes please state _____

Does your child have fear or phobias? e.g. Height, water, insects? Yes [] No []

If yes please state _____

Are there any activities you do not wish your child to take part in? Yes [] No []

If yes please state _____

Does your child or family currently have an allocated social worker? Yes [] No []

If yes, please provide:

Name of Social Worker: _____ Telephone number: _____

Social Worker's Office: _____

SECTION 4

Medical Information

Doctor's & Surgery name; _____

Doctor's Surgery address: _____

Postcode _____ Telephone number: _____

Does your child have any illnesses? e.g. Asthma, Sickle Cell Anaemia. Yes [] No []

If yes please state _____

Does your child have any allergies? e.g. Penicillin, plaster, nuts, dairy products, etc. Yes [] No []

If yes please state _____

Does your child require any medication before school/afterschool hours? Yes [] No []

If yes, please make a request for a child medication form

Has your child had a pre-school Booster injection? Yes [] No []

If yes, when: Month _____ Year _____ When did your child last have a tetanus injection? _____

SECTION 5

Your details - ONLY a parent or legal carer of the named child must complete this section.

Do you have parental responsibility for the child? YES /NO? If YES please complete the following;

First Name: _____ Last Name: _____

Address: _____

Postcode _____ Child's residence: Yes [] No []

Work: _____ Home: _____

Mobile: _____ Email: _____

Does any other person have parental responsibility for the child? YES /NO? If YES, please complete the following

First Name: _____ Last Name: _____

Address: _____

Postcode _____

Work: _____ Home: _____

Mobile: _____ Email: _____

SECTION 6

Please provide 2 emergency contact details (**different from above**) for person(s) responsible for collecting your child. Your child must be collected on time from the club by a responsible and named adult who **must be 16 years old or over**.

First Contact

Name: _____

Relationship to child _____

Work telephone number: _____

Home telephone number: _____

Mobile telephone number: _____

Second Contact

Name: _____

Relationship to child _____

Work telephone number: _____

Home telephone number: _____

Mobile telephone number: _____

SECTION 7

Medical Treatment

In the event of an emergency and I cannot be contacted, I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

Parent/Carer's name: _____

Signature: _____ Date: ___ / ___ / ___

SECTION 8

Declaration

- A) I have read, fully understood and agree to Aspire Childcare Project's Policies and Procedures.
- B) I accept that I am liable to pay the full cost for my child's non-attendance.
- C) I declare that the information I have given on this form is correct and complete to the best of my knowledge.

Parent/Carer's name: _____

Relationship to child: _____

Signature: _____ Date: ___ / ___ / ___

SECTION 9

Please make any other comments in support of your application below.

OFFICE USE ONLY

Application received: ___ / ___ / ___ Official start date: ___ / ___ / ___ Leaving date ___ / ___ / ___

T&C's Late Collection Photo Consent Face Painting Trips Medical Form

Received and checked by: _____ Signature: _____

Additional notes: _____

Parent/Carer Terms and Conditions

Parent/Carer Copy

Aspire Childcare Project (ACP) are committed to providing a high quality, safe play environment for your children. We will involve the children in the decision making for the running of the club.

1. **REGISTRATION:** Only children for whom Registration Forms have been completed may attend the Club. If places are available, children will be allocated sessions on their booked days for the duration of their registration. Registration for places on days for which sessions are unavailable will be placed on a waiting list in accordance with the club admissions procedure. One-month written notice is required for withdrawing your child from the After School Club. The two weeks deposit will be deducted from your final fees.

2. **PAYMENT OF FEES:** A two week deposit must be paid to secure an After School /Breakfast/Holiday Club place. This deposit is refundable when giving one month written notice for withdrawing your child from the After School Club. Fees are to be paid in advance for each month according to your invoice, which will be discussed and prepared for you during your registration. Days booked are non-transferable and non-refundable. This includes sickness, holidays, absences, adverse weather conditions or school closures. Cash, cheque, postal order or bank transfer can be taken as a method of payment. Cheques and postal orders should be made to ‘Aspire Childcare Project Ltd’. If cheques bounce you will be liable for any bank charges incurred. You will then be required to pay by cash or postal order in future. Failure to pay the fees by the specified time, including late collection fees incurred for previous month, can result in your child’s After School place being withdrawn and loss of your deposit.

3. **BEHAVIOUR:** We encourage each child to adhere to and contribute to the organisation’s behaviour policy. We will work with parents/carers on sanctions and promoting positive behaviour. If any child’s behaviour is still unsettled after a period of time, and all attempts made to accommodate them have failed, we may have to advise the parents to remove them from the Club. Our concern is for the happiness and well-being of the child. He/she may be re-admitted at a later date. We operate in an equal opportunities and inclusive environment. Bullying, being rude, sexist, racist and anti-social behaviour will not be tolerated. Whilst we will work with children and families to remedy this, the club reserves the right to terminate the childcare place.

4. **COLLECTING YOUR CHILD:** Children need to be collected from the Club by your booked time, i.e. 5:45pm or 6:45pm. If you collect your child after this time, you will be charged a penalty of £5 for every 15 minutes. If a child remains uncollected after 1 hour, police and social services may be informed. Frequent late collections will result in your child’s place being withdrawn (please see late collection procedures).

5. **CHILDREN’S DETAILS:** It is the responsibility of the parent/ carer to update any changes to the details submitted on a child’s application form, e.g. change of address/ telephone numbers, persons authorised to collect, medical conditions, etc. Please do not encourage your child/ren to bring any toys or personal items to the breakfast, afterschool or holiday club. It is the children’s responsibility to look after their personal property. ACP will not take responsibility for any children’s belongings lost or damaged during our care.

6. **COMPLAINTS:** If you have any complaints regarding ACP please speak to the ASC Manager, or contact the Director Tel. 07535 341123. A copy of our Complaints Procedure will be displayed on the Parents/Carers noticeboard.

7. **CHILD PROTECTION:** ACP has an obligation under the Children’s Act to report any childcare concerns to Social Services, Duty Desk on Tel. (0207) 525 5000. A copy of our Child Protection Procedures is displayed on the Parents/Carers noticeboard and our website: www.aspirechildcareproject.co.uk