Dallas Road Kids' Club

C/o Lancaster Boys’ & Girls’ Club ~ Dallas Road ~ Lancaster ~ Lancs. ~ LA1 1TP

Tel: 01524 849106

**Registration Form 2024 - 2025**

The Dallas Road Kids’ Club organisation provides after school and holiday care within the Lancaster and Morecambe District. The organisation is run as a not for profit social enterprise with the aim of keeping costs low and returning any surplus generated to the benefit of the children and families who use our services..

Dallas Road Kids’ Club aims to provide individual care in a group setting in an environment where children can stay safe, have fun, make friends and develop. We are fully committed to the principles of equal opportunities, accessibility, accountability and safeguarding children. The club meets or exceeds all necessary legislation and quality assurance and is a place where you can be confident that your child is included, valued and understood.

Registration forms must be returned to the Club Co-ordinator to secure a place at the club. Whilst aiming to make our services accessible to all those who require them, we reserve the right to refuse registration where doing so would compromise our stated policies.

We firmly believe that childcare is most effective and children benefit most where a positive relationship is established between ourselves and parents. Parents are encouraged to share information, ask questions, raise issues and provide feedback at any time. We will listen to what parents say and take action to meet their wishes.

*Please complete the following information for each child on separate forms and return to the Club Co-ordinator.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME OF PARENT/GAURDIAN:** | | |  | | |
| **ADDRESS:** |  | | | | |
| **POSTCODE:** |  | | | | |
| **EMAIL ADDRESS:** | |  | | | |
| **HOME TEL:** |  | | | **WORK TEL:** |  |
| **NAME OF CHILD:** | |  | | | |
| **I apply to register my child as a member of Dallas Road Kids’ Club and understand that my continued registration is contingent upon adhering to club policies and regular payment of fees.**   |  |  |  |  | | --- | --- | --- | --- | | **Signed** |  | **Date** |  | | | | | | |

Dallas Road Kids’ Club is a company limited by guarantee. Registered in England number 7269571

Registered office Dallas Road, Lancaster, LA1 1TP

**PLEASE PRINT ANY INFORMATION GIVEN BELOW**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | | | |
| CHILD’S NAME: | |  | | | | | | | M/F | |  |
| NAME TO BE CALLED | | | | |  | | | | | | |
| DATE OF BIRTH | | | | |  | | | | | | |
| PRIMARY PARENTAL RESPONSIBILITY | | | | | | MOTHER FATHER JOINT LEGAL GUARDIAN | | | | | |
| HOME ADDRESS | | |  | | | | | | | | |
| POSTCODE |  | | | | | | | HOME TEL | |  | |
| NAME OF SCHOOL | | | |  | | | | SCHOOL TEL | |  | |
| YEAR AND CLASS TEACHER (2024 – 2025) | | | | | | |  | | | | |
| **DAYS ON WHICH CHILDCARE IS REQUIRED** *(please circle):* | | | | | | | | | | | |
| **AFTER SCHOOL** | | | | | MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY VARIED | | | | | | |
| **NOTE**: - Varied places are subject to availability at time of booking | | | | | | | | | | | |
| **HOLIDAYS** | | | | | AS REQUIRED | | | | | | |

**DETAILS OF PERSON ESCORTING/COLLECTING CHILD**

CHILD WILL BE COLLECTED BY: *(\*Please note child will not be released to any person not named below)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1)** NAME: |  | | | RELATIONSHIP TO CHILD:  *(i.e., mother, auntie, neighbour etc)* |  |
| ADDRESS: *(If different to address above)* | | |  | | |
| TELEPHONE NUMBER | |  | | | |
|  | |  | | | |
| **2)** NAME: |  | | | RELATIONSHIP TO CHILD:  *(i.e., mother, auntie, neighbour etc)* |  |
| ADDRESS: *(If different to address above)* | | |  | | |
| TELEPHONE NUMBER | |  | | | |
|  | | | | | |
| **3)** NAME: |  | | | RELATIONSHIP TO CHILD:  *(i.e., mother, auntie, neighbour etc)* |  |
| ADDRESS: *(If different to address above)* | | |  | | |
| TELEPHONE NUMBER | |  | | | |
|  | | | | | |
| **4)** NAME: |  | | | RELATIONSHIP TO CHILD:  *(i.e., mother, auntie, neighbour etc)* |  |
| ADDRESS: *(If different to address above)* | | |  | | |
| TELEPHONE NUMBER | |  | | | |

## **EMERGENCY CONTACTS**

This should be someone who can collect the child during the day if necessary – this may or may not be the same person collecting the child. **PLEASE NAME AT LEAST TWO PEOPLE**.

**CONTACT NO. 1** (MUST BE PARENTS WORK ADDRESS – if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **1)** NAME: |  | | |
| RELATIONSHIP TO CHILD:  *(i.e., mother, auntie, neighbour etc)* | |  | |
| ADDRESS: *(If different to address above)* | | |  |
| TELEPHONE NUMBER | |  | |
| **CONTACT NO. 2** | |  | |
| **1)** NAME: |  | | |
| RELATIONSHIP TO CHILD:  *(i.e., mother, auntie, neighbour etc)* | |  | |
| ADDRESS: *(If different to address above)* | | |  |
| TELEPHONE NUMBER | |  | |
| **CONTACT NO. 3** | |  | |
| **1)** NAME: |  | | |
| RELATIONSHIP TO CHILD:  *(i.e., mother, auntie, neighbour etc)* | |  | |
| ADDRESS: *(If different to address above)* | | |  |
| TELEPHONE NUMBER | |  | |
| **CONTACT NO. 4** | |  | |
| **1)** NAME: |  | | |
| RELATIONSHIP TO CHILD:  *(i.e., mother, auntie, neighbour etc)* | |  | |
| ADDRESS: *(If different to address above)* | | |  |
| TELEPHONE NUMBER | |  | |

**THE FOLLOWING MEDICAL INFORMATION MUST BE COMPLETED IN ALL CASES**

If your child is dependent on medication an additional medical information form must be completed.

|  |  |
| --- | --- |
| Any MEDICAL INFORMATION which the Dallas Road Kids’ Club organisation should be aware of: |  |
|  |  |
| MEDICATION CHILD IS TAKING *(Include details of any inhalant*): |  |
|  |  |
| DOSAGE |  |
|  |  |
| My child has an ALLERGY to the following *(e.g. penicillin, etc.):* |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| My child is fully up to date with their TETANUS IMMUNISATION | | | YES / NO  *(Please delete as appropriate)* |
| Date of last booster: | |  | |
| If considered necessary, do you give permission for the use of appropriate plaster dressings to cuts / grazes. | | | YES / NO  *(Please delete as appropriate)* |
| Please note that sanitary protection will be held discreetly on site. Staff will deal with any request in a sensitive and confidential manner, but it is your decision whether to pass on this information. | | | |
| DOCTOR’S NAME |  | | |
| ADDRESS |  | | |
| TELEPHONE NUMBER |  | | |

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**IN THE EVENT OF ILLNESS OR ACCIDENT REQUIRING HOSPITAL TREATMENT, I HEREBY AUTHORISE THE DALLAS ROAD KIDS’ CLUB ORGANISATION’S PLAYCARE WORKERS TO SIGN ANY WRITTEN FORMS OF CONSENT REQUIRED BY HOSPITAL AUTHORITIES IF THE DELAY IN OBTAINING MY OWN SIGNATURE WAS CONSIDERED INADVISABLE BY THE DOCTOR OF SURGEON CONCERNED.**

|  |  |
| --- | --- |
| PARENT / GUARDIAN’S SIGNATURE: |  |
| DATE: |  |

**FOOD / DIET**

|  |  |
| --- | --- |
| My child should not eat the following: |  |
|  |  |
| Is there anything else that you think we should know about your child, e.g., religious requirements, behaviour, family situation, communication, etc? |  |
|  |  |

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As a registered provider of Early Years childcare, the staff at Dallas Road Kids’ Club are required in law to safeguard the health and welfare of the children who attend in line with club policies and procedures. In the event of a concern over a child’s health or welfare, including suspected cases of abuse or neglect, the staff are obliged to report their concerns to the relevant bodies and to act in the child’s best interests at all times.

**PARENTAL CONSENT**

I give permission for my child to attend the care scheme and join in any activity indoor or outdoor including outings. I agree to the play care workers acting on my behalf while my child is in their charge and understand that they will take action necessary to safeguard the health and welfare of my child in line with their statutory duties.

On occasion we take photographs of children for the purposes of displays, observation and assessment. Images are for internal use only and are never shared with third parties or published externally. If you **do not** wish your child to be photographed for any reason please indicate in the ‘any other information’ section above.

|  |  |  |
| --- | --- | --- |
| PARENT / GUARDIAN’S SIGNATURE: | |  |
| DATE: |  | |

**\* PLEASE ENSURE THAT YOU HAVE COMPLETED AND SIGNED ALL SECTIONS AND RETURN FORM TO: -**

Co-ordinator

Dallas Road Kids’ Club

C/o Lancaster Boys’ & Girls’ Club

Dallas Road

Lancaster

LA1 1TP

Telephone: - (01524) 849106