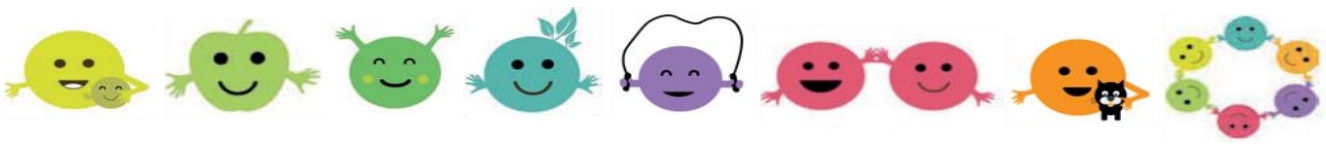
Skool Is Out Breakfast Club
CHILD PERSONAL PLAN/REGISTRATION FORM

Child's name (in full)	
Address	**Post Code:**
Date of Birth	
School details	
Culture or religion	
Name of parent(s) or carer(s) (and relationship to child)	
Additional parent address (If different from child's home address)	
Email address (Please provide accurate and up-to-date addresses. Your details will not be passed on to anyone else.)	
Parent/Carer telephone numbers It is important that we have accurate and up-to-date numbers to ensure that we can contact you in an emergency.	Name: Home: Work: Mobile: Name: Home: Work: Mobile:
Emergency Contacts and Password Name and contact details of persons who may drop your child off at the club or who can be contacted in an emergency. Emergency contacts must be over 16 years of age and we may ask to see identification if in any doubt.	**Name: Address: Tel:** **Name: Address: Tel:**
Details of your Child's Doctor In case of a medical emergency, please provide details of your child's GP here.	**Name:** **Address of surgery:** **Tel:**
Additional Needs Please indicate any additional needs your child may have in terms of health, safety, welfare, disability, allergies, specific dietary requirements, or anything else you consider to be important.	
Allergies Please indicate any allergies that your child has, including food allergies and dietary requirements. **Emergency Medication** If emergency medication is required you will need to complete a separate care plan.	**General allergies:** **Foods that child is allergic to:** **Dietary requirements:** **Emergency medication required: YES NO** **If yes, Emergency medication provided: YES at school N/A**
Care Plan Required?	
Date of commencement:	



Other consents/health, safety, and wellbeing needs

Emergency Treatment

In the event of an accident to my child whereby emergency treatment may be required, I, as parent/carer hereby *give* consent/*do not give* consent (please delete as appropriate) to any measure, including surgery, blood transfusion or the administration of anaesthetic, which the medical officer in charge considers essential and I discharge Skool is Out Ltd. from any legal liability arising from such circumstances.

Parent/carer sign: Print Name: Date:

Application of Sun cream

The children are encouraged to play outdoors as much as possible and we will take the group outdoors on a daily basis for play prior to the start of the school day. As such, we advise that you please supply sun cream for your child to use at Breakfast Club, clearly labelled with your child's name. Sun cream can either be dropped off at the club or kept by children to use as required.

I will supply Skool Is Out with sun cream for my child (where appropriate): YES NO
I will supply my child with their own sun cream YES NO
I/my child give Skool Is Out staff permission to assist in applying sun cream (if required): YES NO

Skool Is Out will have a supply of sun cream as a backup should this not be supplied in order that your child is not prevented from participating in outdoor activities.

I/my child agrees to using Skool Is Out's Sun cream (Factor 30 or more): YES NO

Photo consent

Skool Is Out may occasionally take photos of your child while they are at play for use in providing evidence of activities for the Care Inspectorate, for displays within the clubs, in our parent newsletters or on our website.

Photographs will not at any time be publicly viewable on social media platforms or used for any marketing or advertising purposes unless additional express permission is sought. Photographs may be sent directly to parents/carers as part of our newsletters or displayed at the club premises on notice boards. Photographs may also be uploaded to the Parents Area of our website which can only be accessed by Skool Is Out parents/carers and is password protected.

In order to ensure privacy, full names of children will not be included in any published photographs.

I/my child give consent for photos to be used/displayed as outlined above: YES NO

Breakfast

Skool Is Out provides a varied and nutritious breakfast up until 8.15am.

I/my child would like to be offered breakfast each morning: YES NO

Please indicate any specific dietary requirements or preferences:

I have read and understood the terms and conditions associated with enrolment in Skool is Out's Breakfast Club, as detailed in Parent Contract Agreement (found online), and our policies & procedures, and agree to adhere to these while my child is enrolled within our clubs.

Name of parent/carer:	**Signature of parent/carer:**	**Date:**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In line with the relevant legislation, Children's Personal Plans should be reviewed and signed off every 6 months.