

SMART ZONE REGISTRATION FORM - PLEASE RETURN

Child's Name:		Date of Birth:
Home Address:		
Post Code:	Home Tel. No:	
Email address*:		
Name of School:		
School Tel. No:		
Parent / Carer name and address - if different from above.		Work Tel No:
Parent / Carer name and address - if different from above.		Work Tel No:
		Mobile No:
		Mobile No:
Please advise us of any other person who has legal parental responsibility for, or legal contact with, the child:		

Please attach a passport-sized photograph of your child here.

Who else is allowed to collect your child from Smart Zone?

Name:	Tel No:
Name:	Tel No:

SECURITY – PLEASE ADVISE US OF ANYONE YOUR CHILD SHOULD NOT BE LEFT WITH:

In an emergency we will attempt to contact both parents (as listed above), if we are unable to do so, who else would you like us to try to contact? Please list in order of precedence.

	Name	Telephone
1.		
2.		
3.		
4.		
5.		

Please read and sign the Privacy Notice on page 5 in order to give your permission for us to hold your personal data and contact you regarding relevant matters.

* If you have supplied an email address, Smart Zone will send you termly newsletters, booking forms and invoices by email to the email address supplied.

IF ANY OF YOUR CHILD'S DETAILS CHANGE, PLEASE LET US KNOW AS SOON AS POSSIBLE, THIS IS YOUR RESPONSIBILITY AND IN THE INTEREST OF YOUR CHILD'S WELFARE.

SIGNED (PARENT / CARER)	DATE:
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For office use:

<i>Received by: (Staff Initials)</i>	<i>Date:</i>
<i>Database Updated (Staff Initials)</i>	<i>Date:</i>
<i>Accounts Updated (Staff Initials)</i>	<i>Date:</i>
<i>Superfoxed (Staff Initials)</i>	<i>Date:</i>

SMART ZONE REGISTRATION FORM MEDICAL DETAILS, SPECIFIC NEEDS AND REQUIREMENTS

Please give details of any of the following which are applicable to your child:

- Permanent illness or medical condition.
- Disability.
- Special Educational Needs.
- Eating Disorder.
- Cultural needs or requirements for religious observance.
- Other additional needs such as behavioural support or assistance with socialisation.

In order to meet the needs of your child, an additional member of staff may be required to care for them on a one-to-one basis. In this case you will be offered our bespoke service which is available at an additional cost. The Directors of Smart Zone will discuss this with you upon receipt of this form.

If your child requires nappy changing, help with toilet training, using the toilet or assistance with personal hygiene please give details below and sign to indicate your consent to Smart Zone staff assisting when required.

MY CHILD REQUIRED THE FOLLOWING ADDITIONAL ASSISTANCE FROM SMART ZONE STAFF:

I agree to Smart Zone staff assisting my child as specified above:

Signed (Parent / guardian) _____ Date: _____

NAME AND ADDRESS OF CHILD'S DOCTOR'S SURGERY:

TELEPHONE NUMBER:

PLEASE LIST ANY IMMUNISATIONS **NOT** RECEIVED BY YOUR CHILD: (a list of the standard immunisations is available as an Appendix to the Smart Zone Parents Pack)

If your child requires medication whilst in our care please complete the Permission to Administer Medicine Form which is available from any member of Smart Zone staff.

SMART ZONE REGISTRATION FORM PERMISSIONS

1. PERMISSION TO TAKE CHILD OFF THE PREMISES WITHIN A 10 MILE RADIUS

Depending on numbers and the weather, we occasionally just 'go out' for a walk. To enable us to do this we need your permission. Please sign one of the declarations below to acknowledge your agreement or otherwise:

I _____ Parent / Guardian of _____
Agree that the child named above may leave the premises of Smart Zone accompanied by Smart Zone staff, to take part in ad-hoc activities within a 10 mile radius, without another request form being signed.

_____ (please sign)

OR
I do not give my permission for the child named above to leave the premises of Smart Zone for the purposes of taking part in ad-hoc activities within a 10 mile radius. **If this is the case, please alert a member of staff when this form is returned.**

_____ (please sign)

2. PERMISSION FOR PHOTOGRAPHS AND OTHER PRINTED PUBLIC RELATIONS

From time to time we would like to take photographs to use for publicity and to keep a record of special events. Please sign one of the declarations below to acknowledge your agreement or otherwise:

I _____ Parent / Guardian of _____
Agree that photographs of the child named above may be taken and those photographs used to promote child centred activities at Smart Zone.

_____ (please sign)

OR
I do not give my permission for the child named above to be photographed at Smart Zone. **If this is the case, please alert a member of staff when this form is returned.**

_____ (please sign)

3. SUN CREAM

From at least the start of the Easter Holidays please ensure your child arrives at Smart Zone with sun cream applied. Smart Zone staff will ensure sun cream is applied at specific intervals throughout the day if necessary. We recommend that parents leave a tube of suitable, long-lasting, waterproof sun cream at SZ for their child. This must be labelled with the name of the child and any specific instructions. In the event of parents failing to provide sun cream, Smart Zone will supply and use their own.

Please sign to indicate your agreement to Smart Zone applying generic sun cream to your child if necessary:

_____ (please sign)

4. FACE PAINT / PETROLIUM JELLY

Is your child able to have face paint / petroleum jelly applied?: YES / NO

5. STICKING PLASTER

Is your child able to have sticking plasters administered? YES / NO

SMART ZONE REGISTRATION FORM AGREEMENT

Please sign this page to acknowledge that you have read and agreed to the Policies and Procedures in the Smart Zone Parents Pack. A copy of our Parents Pack is available from our website www.smartzonekidsclub.com. If you are unable to access the website, please ask a member of staff for a paper copy.

I have read the Policies and Procedures contained in the Smart Zone Parents Pack and I give permission for the instigation of all policies and procedures should the need arise

SAFEGUARDING

As a provider involved with the care of your child, we will try at all times to share any concerns we may have. However, in the event that we feel a child has been harmed or is at risk of significant harm, then we have a duty to follow the Wiltshire Safeguarding Children Board Procedures. Our first concern will always be the welfare of your child.

Smart Zone will share information with outside agencies or other professionals if we believe this is in the best interest of a child. Wherever possible, we will always discuss with you in the first instance, any information that needs to be shared.

Name: Parent / Guardian

Signature:

Date:



Privacy Notice

At Smart Zone we respect the privacy of the children attending and the privacy of their parents or carers. The personal information that we collect about you and your child is used only to provide appropriate care for them, maintain our service to you, and communicate with you effectively. Our legal basis for processing the personal information relating to you and your child is so that we can fulfil our contract with you.

Any information that you provide is kept secure. Data that is no longer required* is erased after your child has ceased attending Smart Zone.

We will use the contact details you give us to contact you via phone, email and post, so that we can send you information about your child, Smart Zone and other relevant news, and also so that we can communicate with you regarding payment of our fees.

We will only share personal information about you or your child with another organisation if we:

- have a safeguarding concern about your child
- are required to by government bodies or law enforcement agencies
- have obtained your prior permission.

You have the right to ask to see the data that we have about yourself or your child, and to ask for any errors to be corrected. We will respond to all such requests within one month. You can also ask for the data to be deleted, but note that:

- we will not be able to continue to care for your child if we do not have sufficient information about them
- even after your child has left our care, we have a statutory duty to retain some types of data for specific periods of time* so can't delete everything immediately.

If you have a complaint about how we have kept your information secure, or how we have responded to a request to access, update or erase your data, you can refer us to the Information Commissioner's Office (ICO).

Please sign and date below to confirm that you have read this Privacy Notice and that you give your permission for us to contact you regarding relevant matters.

Signed: _____ Date: _____

Name: _____

* We do need to retain certain types of data (such as records of complaints, accidents, and attendance) for set periods of time after your child ceases to be in our care, but we delete as much personal data as we can as soon as possible.

SMART ZONE REGISTRATION FORM

AGREEMENT TO ADMINISTER EMERGENCY CARE

NAME OF CHILD:

In case of an emergency the procedure Smart Zone staff will follow is shown below.
This is an extract from our Policies and Procedure Manual - Policy 514 Health, Illness and Emergency.

In the event of a major accident, the following procedures will be followed as necessary:

1. First Aid will be applied.
2. An ambulance will be called and details of the nature of the injury and the name of the child will be provided to medical professionals.
3. The parent or guardian will be informed.
4. If the parent or guardian has not arrived on site by the time the ambulance is ready to depart, a playworker will accompany the child to hospital.
5. If the parent or guardian is not at the hospital, the playworker will give permission to medical professionals to administer emergency treatment as necessary.
6. A full, detailed, report will be written in the Accident Report Book.

Please sign to indicate your agreement with the above:

Signature:	Date:
Name (please print)	Relationship to child:

Please sign and return to Smart Zone immediately.