



**Playdays at Green Lane Nursery Ltd
11 Green Lane
Buxton
SK17 9DP**

01298 767 505

**Out of School Hours Club
Parent Pack**



**Information for parents and carers on before/after
school and holiday club care**



Playdays Breakfast and After School Club Regular Booking Form

Please note that you are booking your child's place from the date you indicate until the rest of the school year.

This will also continue onto the consecutive year unless you inform us of a change before the following September.

Any changes need at least 4 weeks' notice.

Name of child _____ School _____ Class _____

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club 7.30am (Harpur only)					
Breakfast club 7.45am					
Breakfast club 8.00am					
School end to 4.30pm					
School end to 5pm					
School end to 5.30pm					
School end to 6pm					

Name of child _____ School _____ Class _____

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club 7.30am (Harpur only)					
Breakfast club 7.45am					
Breakfast club 8.00am					
School end to 4.30pm					
School end to 5pm					
School end to 5.30pm					
School end to 6pm					

Date collections to start _____

Signed by Parent/guardian _____

Date _____

Please note that you pay for what you book.

Whilst we do expect parents to ring, message, or click 'absent' on Famly to tell us if your child is not attending on a particular night, you will still be charged for your child's place, unless your child is poorly and absent from school.

Child Information	
Child's Name:	D.O.B. Gender M/F
Ethnicity:	
Religion:	
What school does your child attend?	
Address (<i>incl. Postcode</i>)	Home Phone No:
Parent Information	
Parent/Guardian 1 (at above address) Name:	Title:
Mobile Number:	
Workplace No:	Home Phone No:
Email:	
Permission for us to set up a Family account using this email address:	Y / N
Parent/Guardian 2	
Parent/Guardian 2 Name:	Title:
Address if different from above (<i>incl. Postcode</i>)	E-mail:
Permission for us to set up a Family account using this email address:	Y / N
Mobile Number:	
Workplace No:	Home Phone No:
Who has legal responsibility for this child:	
Please indicate who to send invoices to:	

Emergency Contacts Details

In an emergency, we will usually contact the parent/guardians.
If we are unable to reach them, we will contact the emergency contacts listed below
Please list them in the order you would like us to contact them.

Emergency Contact 1

Name:	Mobile:
Relationship to child:	Work Phone:

Emergency Contact 2

Name:	Mobile:
Relationship to child:	Work Phone:

Emergency Contact 3

Name:	Mobile:
Relationship to child:	Work Phone:

Collections – Permission for the following people to collect your child *please ensure that anyone collecting your child is over 18 years old

Name:	Relationship to Child:
Name:	Relationship to Child:
Name:	Relationship to Child:
Name:	Relationship to Child:

Medical Information

Doctor:	Address:
Phone No:	

Allergies, dietary requirements & medical conditions

Please let us know if your child has any allergies or medical conditions, how it affects them, and what medication they are taking.

Please indicate whether your child can have hypoallergenic plasters	Please circle: Yes No
---	---

Immunisations & Vaccinations – Please give details of what your child has been given:

Playdays Consent Form, Data Protection Permission and Parental Agreement Contract

Off Premises Emergency Consent	
<p>Playdays will regularly take the children out for walks and outings. I /we agree that my child can be transported in the following ways</p> <ul style="list-style-type: none"> - In the playdays minibus with a 3-point seat belt and a suitable child seat - In the playdays minibus with or booster or suitable child's car seat or to travel by public transport. <p>I/we agree to our child(ren) being taken on these outings and for Playdays to, in the event of an emergency carry out medical treatment in my/our absence.</p>	<p>Please circle:</p> <p style="text-align: center;">Yes No</p>

Medical	
<p>I/we agree to cover all wounds when my child(ren) attends Playdays to prevent the risk of infection and risk of cross contamination. I consent to staff dressing/re-dressing wounds with dressings and hypo-allergenic plasters unless I have indicated an allergy on my registration form</p>	<p>Please circle:</p> <p style="text-align: center;">Yes No</p>
<p>I/we give permission for staff to apply high protection sunblock to my child(ren), I will inform staff if I need to provide specific sun block for my child(ren).</p>	<p>Please circle:</p> <p style="text-align: center;">Yes No</p>
<p>I/we understand that Playdays cannot cater for sick children, I will not bring my child if they are ill and will collect them if they become ill whilst being cared for. I also understand that Playdays can only (normally) administer prescription medicines and I understand that I must sign a consent form for this to happen.</p>	<p>Please circle:</p> <p style="text-align: center;">Yes No</p>
<p>I/we agree to my child receiving emergency medical treatment or dental treatment of any nature considered necessary by the medical authorities present.</p>	<p>Please circle:</p> <p style="text-align: center;">Yes No</p>

Safeguarding	
<p>I / we agree to inform Playdays of any changes in family circumstances that may affect the safeguarding of my child(ren). *Please refer to medication policy</p>	<p>Please circle:</p> <p style="text-align: center;">Yes No</p>

Image Consent	
<p>I/we consent to my child(ren's) photo being taken and used by staff and students for the purposes of displays around the setting.</p>	<p>Please circle:</p> <p style="text-align: center;">Yes No</p>
<p>I/we consent to my child(ren's) photograph or videos of my child to be used on the company website.</p>	<p>Please circle:</p> <p style="text-align: center;">Yes No</p>
<p>I/we consent to my child(ren's) photographs or videos of my child to use used on the company's social media sites; Facebook and Instagram.</p>	<p>Please circle:</p> <p style="text-align: center;">Yes No</p>
<p>I/we consent to my child(ren) to be photographed or videoed by or for the media, e.g., the press/TV and released for publication such that my child may be identified as an individual or part of a group.</p>	<p>Please circle:</p> <p style="text-align: center;">Yes No</p>

Data Sharing / Protection	
I/we agree for my child's details to be passed on to the local authority for the purposes of safeguarding, as appropriate.	Please circle: Yes No
I/we agree for the company to retain my and my child's details as laid out in the Green Lane Nursery Ltd Record Retention Policy	Please circle: Yes No
I/we have received a copy of the Playdays' privacy notice and have read and understood it.	Please circle: Yes No

Family	
I/we agree to the company creating an online Family account for myself and my child(ren) using the email address(s) provided on the registration form.	Please circle: Yes No
I/we give permission for my child's image to appear in my Family account.	Please circle: Yes No

Payment Terms	
<p>Please note that prompt payment allows us to pay the people that look after your child (ren).</p> <p>Invoices are sent out around the third week of each month and are due by the 30th of that month. Invoices that are not paid in full or on time will include a <i>£10 late payment charge</i>.</p> <p>If you have any difficulty paying the invoice, then please come and talk to us so that we can arrange repayments over a longer period.</p> <p>If we do not receive payment within 14 days, we will contact you.</p> <p>At this stage, we will reserve the right to no longer provide childcare for your child (ren).</p> <p>If payment is still not received then your account will be passed onto a debt recovery agency that will add their fee onto the invoice, which you will also be liable for.</p>	
I/we agree to the above payment terms. I/we agree to give one months notice of my child(ren) leaving Playdays and of cancelling sessions. I/we agree to Playdays providing childcare cost information to the Inland Revenue for the purpose of tax credits.	Please circle: Yes No
I/we agree to the above consent, terms and conditions.	Please circle: Yes No
I/we understand it is my responsibility to inform the setting of any changes in my child's circumstances, personal details, medical information or change of consent for any of the above.	Please circle: Yes No

Name of Child(ren).....

Name of Parent(s) Date

Signed
 (Andrew O'Connor – Playdays Owner/Manager)