

# Club St Michael's

(Operated by J&L Out of School Ltd. Ofsted registered)

## Enrolment Form 2023/24 (Please complete and return a form for each child)

**NAME OF SCHOOL**

### CHILD INFORMATION

Family Name: \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F \_\_\_\_\_

School Year and Class: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

We agree to receive communications from the Club (refer to privacy policy in Parent Handbook)  YES  NO

**ATTENDANCE REQUIREMENTS** Please tick if you require Casual Care  or Permanent Care  (If permanent booking, please also tick which days below)

Preferred start date of permanent booking: \_\_\_\_\_

Session	Monday	Tuesday	Wednesday	Thursday	Friday	All
Breakfast Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PARENT/GUARDIAN INFORMATION – ACCOUNT HOLDER

(Having parental responsibility for the child and living at the address at which the child usually resides)

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ADDITIONAL PARENT/GUARDIAN INFORMATION

Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACTS** I consent for the following contacts, to collect my child from service including in the event of any incident, injury, trauma & illness and to act as an Authorised Nominee consent to medical treatment of the child or to authorise the administration of medication to the child. (You must nominate at least one person other than parent/guardian aged over 18 years of age)

**Contact 1** Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact 2** Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Address: \_\_\_\_\_

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### APPROVED PERSONS HAVING AUTHORISATION TO COLLECT YOUR CHILD FROM SHERPA KIDS

I consent to the following contacts to collect my child from service including in the event of any incident, injury, trauma & Illness (other than parent/guardian, must be aged over 18 years of age)

**Contact 1** Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact 2** Title: \_\_\_\_\_ Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Address: \_\_\_\_\_

**N.B.** We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to our staff, should attempt to collect your child from the service, permission will be refused.

Is this child involved in court orders, parenting plans or orders?  Yes  No

If yes, please provide current and any changes to court documents at all times to enable enforcement.

### MEDICAL DETAILS & OTHER INFORMATION

Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Does your child have any of the following?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> A.D.D. / A.D.H.D          | <input type="checkbox"/> Epilepsy                      | <i>Children with additional needs are to book in more than 2 weeks in advance to ensure correct staffing and funding can be organised. Please contact us to discuss.<br/>Please also provide any medical management plans, assessments, other documentation or medication &amp; equipment that are related to the child's needs, prior to commencement at the Club.</i> |
| <input type="checkbox"/> Allergies (see box below) | <input type="checkbox"/> Haemophilia                   |   |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Heart problems                |   |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Anaphylaxis                   |   |
| <input type="checkbox"/> Physical needs            | <input type="checkbox"/> Behavioural needs             |   |
| <input type="checkbox"/> Educational needs         | <input type="checkbox"/> Any other special needs _____ |   |
|  |  |   |

Is your child on any medication? (Please complete a Medical Information & Authorisation Form)  Yes  No

Does your child wear?  Prescriptions Glasses  Hearing Aid

Does your child have any of the following allergies? Please indicate severity e.g. High, Moderate, Low or Not Applicable

1. Bee Sting  High  Moderate  Low  N/A

Medication or Action to be taken:  N/A

2. Food Allergy  High  Moderate  Low  N/A

Names of food/s & action to be taken

3. Allergy to Medication Please name medication & action to be taken:  N/A

4. Other Allergies Please describe & action to be taken (inc bandaids, latex etc)

Please provide information on any other dietary, cultural or religious considerations or special instructions regarding the health and well-being of your child (e.g. excessive fears)  N/A

Child's Interests: (Please tick below)

- |                                    |                                     |                                       |                                  |   |
|------------------------------------|-------------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Art/Craft | <input type="checkbox"/> Music      | <input type="checkbox"/> Drama        | <input type="checkbox"/> Sports  | <input type="checkbox"/> Structured Games |
| <input type="checkbox"/> Cooking   | <input type="checkbox"/> Technology | <input type="checkbox"/> Construction | <input type="checkbox"/> Reading | <input type="checkbox"/> Board Games      |

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### PLEASE PROVIDE INFORMATION ABOUT ANY OTHER INTERESTS OR HOBBIES:

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### IS THERE ANYTHING ELSE ABOUT YOUR CHILD THAT YOU WOULD LIKE TO TELL US?

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### TO ENSURE THE SAFEGUARDING OF YOUR CHILD PLEASE NOTE THE FOLLOWING STATEMENT/INFORMATION:

**If you are arranging for a friend or family member to collect your child, please provide them with the password below and always notify us by telephone or e-mail if you have arranged for someone not otherwise named on this form to collect your child from us.**

Password

### Please read and sign the following statements:

I hereby give permission to the staff of the above Club to administer medically prescribed medication to my child and I will sign a Medical information & Authorisation form. I understand that the staff will record each administration of medication. I acknowledge that all care will be taken and will not hold the Club responsible. I also understand my child cannot attend the Club if suffering from an infectious or communicable disease.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby notify the Club that my child carries medication with them and will self-medicate. I understand I will provide a letter/plan from a doctor to support this and I will sign a Medical information & Authorisation form.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give my permission for the Club staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand the provider of the Club service is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or an employee.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby agree that if I have booked to attend an outing this will mean that I give the Club permission to transport my child off the Club's designated site.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that photographs/video of my child or items of my child's work completed at the Club may be used at a later date for local marketing and promotional purposes. I hereby give my consent and no further permission will be required.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that the information contained herein is confidential and will only be used by the Club team to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the programme assessment process.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorise that my child's school has permission to share information about my child with Club staff.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give my permission for the Club staff to apply sunscreen supplied by the Club, if no other sunscreen is provided.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission for my child to watch U & PG rated movies and games if deemed suitable by the Club.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### TERMS AND CONDITIONS

By signing below I, the Account holder, understand:

1. All payments must be made within 7 days of invoice.
2. The price charged, is dependent on whether it is a 'permanent' booking or a 'casual' booking. When a child attends extra days, which are outside of the confirmed permanent booking, these will be charged at the casual rate. Late fees are charged for late pickups, as specified in the Parent Handbook.
3. I am aware that any default by me for the payment of outstanding fees may result in debt collection action and all costs associated with this action will be at my cost.
4. I acknowledge that in order to keep my place at the Club, I need to keep my account and payments up to date.
5. Two weeks' notice, in writing, must be provided if a child is to be withdrawn from care or there is a change required to the days of care, otherwise a two-week fee is payable based on the previous booking.
6. No refunds are given for absences, including those due to illness.
7. If the school should be shut due to industrial action, an act of god, or for any sudden or unexpected reason beyond the control of the Club, payments for the period of closure are still required in full.
8. Interest on overdue invoices shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of five percent (5%) per day after as well as before any judgment.
9. In the event that my payment is dishonoured for any reason then I shall be liable for any dishonour fees incurred by the Club.
10. If I default in payment of any invoice when due, I shall indemnify the Club from and against all costs and disbursements incurred by the Club in pursuing the debt including legal costs on a solicitor and own client basis and the Club's collection agency costs.
11. Without prejudice to any other remedies, if at any time I am in breach of any obligation (including those relating to payment) the Club may suspend or terminate the enrolment and is absolved of its other obligations under the terms and conditions. The Club will not be liable to me for any loss or damage that you may suffer because the Club has exercised its rights under this clause.
12. If any account remains overdue after thirty (30) days then an amount of the greater of ten pounds (£10) or ten percent (10%) of the amount overdue (up to a maximum of one hundred pounds (£100)) shall be levied for administration fees which shall become immediately due and payable.
13. The Club can collect, retain and use any information about me for the purpose of assessing credit worthiness and disclose information, whether collected by the Club from myself directly or obtained by the Club from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by myself.
14. I have the right to request from the Club a copy of the information retained by the Club and the right to request the Club to correct any incorrect information about myself and my family held by the Club.
15. I acknowledge by signing this form I have received a copy of the Club's Parent Handbook and accept the Centre Policies and Procedures which are available for my inspection at the programme premises.
16. I acknowledge all information I have provided on this form is true and correct and I am aware it is my responsibility to advise the Club immediately of any change in the above information.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Date Processed: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

*All health records, management plans, court orders and other documentation have been sighted where applicable Staff Initial:* \_\_\_\_\_

School Contact Phone Number: \_\_\_\_\_

Please Note: If you have any question please contact

### Return forms:

By post: J&L Out of School Ltd (The Club)  
26 Fords Grove  
London  
N21 3DN

By email: [office@J&Loutofschool.onmicrosoft.com](mailto:office@J&Loutofschool.onmicrosoft.com)

Or deliver original to the school reception.

The information collected on this form is used to help us provide our services and ensure the safety of your child. Our legal basis for processing this data is that the processing is necessary for the performance of the contract we have with you to provide our services and it is in the vital interest of your child. In addition, the processing of the medical details supplied to us on this form is necessary for the purposes of treatment should your child should fall ill in our care.