

So He Cares

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| **Registration Form**  **Child/Children details:** |
| First name: | | Surname: |
| Date of birth: | | School attending: Address: |

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| First name: | Surname | First name: | Surname |
| Date of birth: School attending: | | Date of birth: School attending: | |
| Does this child normally live at this address? Yes / No | | Does this child normally live at this address?  Yes / No | |
| Address: | | Address: | |
| Does anyone else have parental responsibility for this Child/Children? Yes / No  *(If yes, please provide details overleaf.)* | | | |

**Parent/Guardian details: Email address**

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| --- | --- | --- |
| Name: | Office number: | Mobile number: |
| Surname: |  | Relationship to the child: |

**General Practitioner details:**

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| --- | --- |
| Name of Doctor: |  |
| Address: | Telephone: |

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| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details |
| Is there anything your child doesn’t like (food, games etc.) or fears? |
| What are your child’s favourite activities? |

**Additional Needs**

**Emergency Contact Details** *(please provide details of two people we can contact if we are unable to get hold of you)*

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| --- | --- | --- |
| Name: | Office number: | Mobile number: |
| Surname: |  | Relationship to the child: |
| Name: | Office number: | Mobile number: |
| Surname: |  | Relationship to the child: |

**Photograph Permission Form**

The use of photographs is an important developmental tool which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At So He Cares School we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the Parent or Carer of the child named below, I grant permission for images of my son or daughter to be used for the following purposes:*(please tick for consent)*

* Electronic and printed displays and exhibitions at the Club (e.g. photos of activities)
* Observation and assessment
* Club records of my child
* To accompany staff or student coursework
* Website for Club
* Promotional material for the Club
* Local newspaper or magazine
* National newspaper or magazine
* Other organisation’s website
* Other organisation’s promotional material
* Other

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image will NOT be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or carer.

I understand that there will be no payment for my child’s participation.

**RELEASE AND PICK UP AUTHORIZATION**

INTRODUCTION

The purpose of this document is to introduce ourselves to the School on the authorized responsibility regarding picking up your Child/Children.

So He Cares is an Ofsted Registered After School in the Havering Borough.

Our duty is to pick up our Children and transport them for our After-School Activities.

* All SHC Staff have had a DBS Check and have received training in Safeguarding procedures.
* In line with your Schools Closing time, our Staff will be on hand to pick up your child at ……………prompt.
* We understand that Parents and Pupils need to know of any changes to transport arrangements as early as possible and we shall ensure that you are notified as far in advance as possible of any changes to transport arrangements.

I GIVE PERMISSION FOR SO HE CARES AFTER SCHOOL TO PICK MY CHILD FOR THE AFTER-SCHOOL PROGRAM

Signature of Parent/Carer Date: