**Wickwar Out of School Club**

**Registration Form Sept 2025**



**All children who attend Wickwar Out of School Club must be registered with the club**

**The information received will be treated in the strictest confidence**

|  |  |  |
| --- | --- | --- |
| Child’s full name: | D.O.B. | Age: |
| School attending: | School Year/Class Sept 2025: | |

|  |  |
| --- | --- |
| Child’s permanent address: | |
| Email address: | Religion: |

|  |  |  |
| --- | --- | --- |
| Parent/Carer name(s): | | |
| Daytime telephone numbers: | Home: | Mobile: |

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity (please tick) |  |  |  |
| White – British  Irish  Traveller of Irish Heritage  Gypsy/Roma  Any other white background | Asian or Asian British  Indian  Pakistani  Bangladeshi  Any other Asian background | Mixed (white & Black Caribbean)  Caribbean  African  Any other background  Chinese | Mixed (White & Black Caribbean)  White & Black African  White & Asian  Any other mixed background |
| Any other ethnic background | | | |

**Please indicate your preferred regular session choices below. Alternatively write HOLIDAY CLUB/CASUAL ONLY across the table.**(Yes = required, blank = not required)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUES** | **WED** | **THUR** | **FRI** |
| **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |

**Please give 4 names and telephone numbers of people who can be contacted in an emergency and have permission to collect your child:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Relationship to child: | Mobile telephone no: | Home telephone no: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Person(s) NEVER to collect your child: (staff can only enforce this if there is a court order in place): | | | |
| Name: |  | Relationship to child: |  |

**Please give us the following medical information:**

|  |  |
| --- | --- |
| Doctors name and address: | Doctors telephone number: |
| Date of last tetanus injection: | |
| Dietary requirements: | |
| Allergies: | |
| Health: | |
| Other: | |

**Please tick the relevant box so we know we have/have not your consent in the following:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I consent to my child receiving medical treatment in the case of an emergency |  |  |
| I authorise the staff of the club to sign any written form of consent required by the health authorities, if a delay in getting my signature is considered by doctors to endanger my child’s health |  |  |
| I consent to my child taking part in hand/face painting |  |  |
| May we use your child’s photograph in the school prospectus and other printed  publications that we produce for promotional and marketing purposes? |  |  |
| May we use your child’s image on our website? |  |  |
| May we use, if selected your child’s work on our website? |  |  |
| May we use your child’s image on our Facebook page? |  |  |
| May we use, if selected your child’s work on our Facebook page? |  |  |
| May we record your child’s image on video or webcam? |  |  |
| I consent to my child’s image being used within club for display purposes |  |  |
| I consent to my child going off site for a walk/picnic during the holidays |  |  |
| I agree to abide by the policies and procedures of the club. |  |  |

Parent/carers full name:

Parent/carers signature:

Date:

**Wickwar Out of School Club**

**Allergy/Care Management Plan**

|  |
| --- |
| **Child’s name:**  **Address:**  **Date of birth:** |
| **Doctor’s name:**  **Doctor’s address:** |
| **Allergy Plan** |
| **Allergy to / triggered by?** |
| **Reactions/symptons include:** |
| **Please indicate what constitutes an emergency situation for your child. (That is when something other than normal care will be required.)** |
| **Treatment:** |
| **Medicine form attached? Yes □ No □ (tick as appropriate)** |
| **Care Plan for Medical Condition** |
| **Describe the Child’s Medical Condition** (e.g. Asthma/Eczema/ASD) **and the care required:** |
| **What medication will your son/daughter bring to Club?** |
| **Please detail normal care requirements** |
| **Please indicate what constitutes an emergency situation for your child. (That is when something other than normal care will be required.)** |
| **How many staff are needed? If more than one please say why.** |
| **What are the child’s preferred means of communication e.g. verbal, visual** |
| **Is any additional equipment needed?** |
| **Medicine form attached? Yes □ No □ (tick as appropriate)** |
| **Parent’s name:**  **Contact details:** |
| **Add here any other relevant information:** |
| **This medical plan was agreed between Wickwar Out of School Club and**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name of parent / carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_name of staff member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date** |

**Wickwar Out of School Club**

**Permission to administer medicine form**

|  |  |
| --- | --- |
| **Child’s name:** | **Date of birth:** |
| **Child’s address:**  **Parent’s contact no:** | |
| **Doctor’s name:** | **Telephone no:** |
| **Address of surgery:** | |
|  | |
| **Reason for medicine:** (\* if more than 2 medicines to be administered by staff, please complete an additional form) | |
| **Name of medicine:** | **Storage requirements:** |
| **Dosage:** | |
| **Times to be administered:** | |
|  | |
| **Reason for medicine:** | |
| **Name of medicine:** | **Storage requirements:** |
| **Dosage:** | |
| **Times to be administered:** | |

I give permission for medicine to be given to my child in accordance with the details above.

Parent’s signature:

Parent’s name:

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

* **Staff at WOOSC will only be permitted to administer medication to your child if you complete and return this form.**
* **Under no circumstances will members of staff administer medication against the will of a child.**
* **Note that we can only administer medication containing aspirin if prescribed by a doctor.**

If you have any concerns or questions, please contact the **WOOSC** manager.

## Wickwar Out of School Club

**Privacy Notice**

At **Wickwar Out of School Club** we respect the privacy of the children attending the Club 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 our Club.

We will use the contact details you give us to contact you via **phone, email, post and social media**\*\*, so that we can send you information about your child, our Club 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
* engage a supplier in the future to process data on our behalf (e.g. to take online bookings, or to issue invoices)
* 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.

Occasionally, we may take photographs of the children who attend our club. We may use these images as part of our displays and sometimes in our club’s prospectus or in other printed publications that we produce. We will also use them on our club Facebook and website page. We may also make video recordings of children taking part in activities.

If we use photographs of individual children, we will not use their name in the accompanying text or photo caption. If we name a child in the text, we will not use a photograph of that child to accompany the article.

To comply with the General Data Protection Regulations (GDPR), we need your permission before we can photograph or make any recordings of your child. We have therefore included questions in our registration form to that effect. Please ensure you indicate your preference, then sign and date the form where shown and return it to the Business Manager.

Re-registration is required annually and your preferences are valid from the date you sign our registration form. It is your responsibility to let us know if you want to change or withdraw your agreement at any time.

We will not re-use any photographs or recordings a year after your child leaves Primary school. Historic photographs will remain on our club website and Facebook page feeds.

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.   
  
\*\* You can request access to Wickwar Out of School Club’s private Facebook Group in writing via our email address* [*woosc@hotmail.co.uk*](mailto:woosc@hotmail.co.uk)