**Active Bodies**

**April Booking Form**

**\*Child’s Name:………………………………..Childs Class ………… Date………………….**

**School Attended: Ridgeway infant School & Gayton Junior School**

**Sessions start at:** 7:30am Breakfast until the start of school**.**

**Fees per session:(Breakfast £5)**

**\*\*Payable in advance until normal service can resume; Please note price increase.**

*\*Please be reminded a late payment fee now applies. (Complete one PER CHILD)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  **April** | **Breakfast**  **Club** | **Childs Class** | **School attended** | **Please Tick if you require the same days each month** |
| **19th** |  |  |  |  |
| **20th** |  |  |  |  |
| **21st** |  |  |  |  |
| **22nd** |  |  |  |  |
| **23rd** |  |  |  |  |
| **26th** |  |  |  |  |
| **27th** |  |  |  |  |
| **28th** |  |  |  |  |
| **29th** |  |  |  |  |
| **30th** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Parent Name…………………………………………… Contact Number………………………………………….

Signature………………………………… Password on collection……………………………………

**Parent and Child Information**

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |
| Date of birth and current age: | School attended:  First language: | Name of key person: |

**Child’s Details Date of Registration:**

**Parent/Guardian details.** In accordance with the data protection act 2018, your information will be destroyed if no booking is made with the clubs within 6 months. After this time, a new form is required. We will not share your information with any third party, please ask for our policy or visit our website to view further information on how your information is handled.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | First name: | | Surname | | Title: | First name: | | Surname | |
| Home address: | | | | | Home address (if different): | | | | |
| Does this child normally live at this address? Yes / No | | | | | Does this child normally live at this address? Yes / No | | | | |
| Work address: | | | | | Work address: | | | | |
| Home number: | | Mobile number: | | Work number: | Home number: | | Mobile number: | | Work number: |
| Email address: **(For Invoice purposes)** | | | | | Email address: | | | | |
| Does this person have parental responsibility? Yes / No | | | | | Does this person have parental responsibility? Yes / No | | | | |
| Does anyone else have parental responsibility for this child? Yes / No *(If yes, please provide details overleaf.)* | | | | | | | | | |

**Please give an email address you are happy to receive your invoice to.**

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

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

**About your child**

|  |
| --- |
| 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 |

Please detail the names of family friends whom you (parent/Carers) authorise to collect your child/ren from the before and afterschool setting.

…………………………………………. …………………………………

………………………………………… …………………………………

Signed: Date:

*(parent/carer)*

*Childs name ……………………………………………………*

*Please see Below for our Medical Information form….*

|  |  |
| --- | --- |
| **Child’s name:**  **Parents Name:** | **Date of birth:** |
| **Doctor:** | |
| **Doctor’s address:** | |
| **Doctor’s telephone:** | |
| Does your child or the child in your care have any known medical problems or additional needs?  (Please list) | |
| Please detail any medical needs your child has/medication taken: (please provide full details, if medication is needed an additional medication consent form will need to be completed) | |
| Does your child have any known allergies? (an Allergy Management Plan will be put in place where required) | |
| Does your child have any dietary requirements? | |
| Any other information relevant to your child’s health | |
| Parent/Carer emergency contact telephone numbers: | |

**Childs Medical Information**

Return to Active Bodies Contract.

We all need to feel comfortable with the new normal. This contract sets out what Active Bodies and parents will do to make all staff, children and families feel as safe as possible and the children feel secure and cared for.

What we will do:

* Keep following government guidelines and legislation.
* Follow our normal policies and covid-19 policy.
* Keep you updated.
* Keep track of our health and record daily on our staff health checker.
* Manage the setting in a way that aims to support the children and adults to social distance as much as possible, although, you **must** be aware this cannot be guaranteed due to the ages of the children and the level of support they sometimes need.
* Include more structured, theme based, adult led activities.
* Create manageable sized groups, to help prevent the spread of covid-19.
* Set a more extensive cleaning schedule to follow daily. This cannot be guaranteed clinically clean.

What we need you to do:

* Keep following government guidelines and legislation.
* Inform us should you be contacted to self isolate.
* Keep 2 metres away from staff and not enter the setting.
* Keep track of your child’s and family’s health and take daily temperature checks and record.
* Keep your child off if they are showing **any** signs of any illness, **especially** covid-19 (see appendix 1)
* Report all absences at the beginning of the day, even if it is not health related.
* Please make sure that all children can open their own food packaging. E.g. tear yoghurt top. If not please package in a way that they can open it themselves.
* Parents must be available to collect ill children **immediately**. See Appendix 1
* Do not bring toys in from home.
* In hot weather, supply and apply ALL DAY sun cream before attending the session and ensure hats are supplied and shoulders are covered.
* Respond to all correspondence from the setting.

Managing Director:

Signed ………………J.Hudson …………………… Print ………JENNIE HUDSON………..

Date …09/07/2020……

Parent:

Signed ……………………………………………………………… Print …………………………………………………..

Date …………………………….

Appendix 1

‘When a child, young person or staff member develops symptoms compatible with coronavirus, they should be sent home and advised to self-isolate for 10 days. Their fellow household members should self-isolate for 14 days. All staff and students who are attending an education or childcare setting will have access to a test if they display symptoms of coronavirus and are encouraged to get tested in this scenario.

In the case of children, guidance states that: “To access testing parents will be able to use the 111 online coronavirus service line.

Where the child, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.

Where the child, young person or staff member tests positive, the rest of their class or group within their childcare or education setting should be sent home and advised to self-isolate for 14 days. The other household members of that wider class or group do not need to self-isolate unless the child, young person or staff member they live with in that group subsequently develops symptoms.’

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

Main Symptoms

* High Temperature – this means you feel hot to touch on your chest or back (you do not need to measure temperature)
* New, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough it will be worse than usual)
* Loss or change to your sense of smell or taste – this means you’ve noticed you cannot smell or taste anything. Or things taste or smell different to normal.

Most people with coronavirus have at least one of these symptoms.

<https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>

Also, with young children please check for unusual rashes which may be a symptom but not on the symptom list.