



BENTHAL PLAYCENTRE REGISTRATION FORM

CONFIDENTIAL INFORMATION

NAME OF CHILD	DATE OF BIRTH	GENDER	FULL/CONC RATE
		M/F	

PARENT/CARER NAME: _____

DAY PHONE: _____ EVENING PHONE: _____

MOBILE PHONE: _____

ADDRESS: _____

NAME OF DOCTOR: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

In case of an emergency, we may need to take your child to hospital. By signing this form you agree to any emergency medical treatment deemed necessary. Play staff will make every effort to contact you if this situation arises.

WHO IS AUTHORISED TO COLLECT YOUR CHILD?:

NAME AND CONTACT NUMBER: _____

NAME AND CONTACT NUMBER: _____

NAME AND CONTACT NUMBER: _____

PLEASE AUTHORISE TWO OTHER ADULTS WE CAN CONTACT IN AN EMERGENCY

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS _____

TELEPHONE: _____

TELEPHONE: _____

FOR YOUR CHILD'S PERSONAL SAFETY, PLEASE GIVE US ALL THE INFORMATION THAT YOU FEEL WE NEED TO BE AWARE OF: e.g: allergies, medication, medical conditions, special needs, religious/cultural requirements, language spoken at home etc.

COLLECTION ARRANGEMENTS

Can your child leave the centre/go home alone?

YES/NO

This arrangement can only be made for children over 9 years of age

I GIVE PERMISSION TO ALLOW MY CHILD TO LEAVE THE CENTRE ALONE

Signed: _____

Name: _____

Date _____

TRIPS/OUTINGS AND PHOTOGRAPHS

As well as organising trips to places of interest we do take children out locally, for example to the park and to the cinema. By signing this form you agree to allow your child to go on local outings and for photographs to be taken that may be used in our brochure or on the school's website.

I GIVE PERMISSION FOR TRIPS/OUTINGS AND PHOTOGRAPHS

Signed: _____

Name: _____

Date _____

DECLARATION

By signing this I agree to comply with the requirements of the Playcentre.

- ❖ I consent to any emergency medical treatment which is deemed necessary for my child
- ❖ I will collect my child promptly at the end of the session
- ❖ I will notify the Senior Playworker of any changes to the information given
- ❖ I understand that my child's place may be withdrawn if I do not follow the agreed procedures

NAME OF PARENT/CARER _____

SIGNATURE _____ (SIGN HERE)

DATE: _____

BENTHAL PLAYCENTRE
TELEPHONE NO.....020 8525 2469

CONTRACT FOR USERS

CONFIDENTIAL INFORMATION

Operational Times:

The Club will operate 5 days a week, Monday to Friday 3.30 – 6.00 pm.

Please tick the days your child will be attending:

Days Attending:

Monday:
Tuesday
Wednesday
Thursday
Friday

Start Date: _____

Fees:

All fees must be paid at least one week in advance.

Fees can be paid in the school office between 8.00 am and 4.30 pm each day. Fees are £10 each day - £50 for a full week. Children who are registered with the Learning Trust as eligible for free school meals qualify for a reduced rate of £5 per day - £25 for a full week.

Absence Charges:

Children not attending on their chosen night/s will still have to pay.

Child or parent/carer sickness, normal fee rate per session.

Late Collection:

By joining Playcentre, you agree to collect your child on time. Collection after 6pm is unfair to children and staff. There is a late collection fee of £2 for every 5 minutes your child remains after 6.00 pm. Persistent late collectors will lose their place.

Termination of Contract:

The contract may be terminated by Playcentre if any of the above terms and conditions are broken by the user.

The contract may be terminated by Benthals' senior management team due to consistent/extreme poor behaviour.

The contract may be terminated by the parent/carer (with no cost incurred) if **two weeks' notice** in writing is given. If no notice is given, the cost of two weeks fees will be charged to the parent/carer (except in exceptional circumstances).

The contract will be terminated by the school if arrears of two weeks occur.

Please note that any abuse of staff (physical or verbal) by any adult representing your child will lead to your child's place being terminated

This agreement is subject to review every term and is binding to both parties until that time.

I/We agree to the terms and conditions of registration of the Playcentre.

Parent/Carer Name _____
Signature: _____
Date: _____

Senior Finance/Admin Officer: _____
Signature: _____
Date: _____