



Newton Hill Community School  
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Headteacher: Mrs C Wheatley  
Newts Manager: Mrs M Myton



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[newts@newton-hill.org.uk](mailto:newts@newton-hill.org.uk)

**Information recorded here is confidential- see confidentiality policy**

### **Contract and Registration Form**

**Full name of child:**.....

**Date of Birth :**( day/month/year.....

**Gender:** Male    Female (please circle)

**Child's Home address:**

.....

.....

..... **Postcode:** .....

**Telephone contact: Home:** .....

**Mobile:**.....

**Work:** .....

**Email:** .....

**Parent/carer details:**

<b>Full names:</b>	<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>
<b>Relationship to</b> <b>Child:</b>		
<b>Home address:</b>		
<b>Postcode:</b>		
<b>Home telephone:</b>		
<b>Work telephone:</b>		
<b>Mobile:</b>		
<b>Email:</b>		

**Details of persons authorised to collect child or who can be contacted in an emergency**

<b>Full names:</b>	<b>Contact 1</b>	<b>Contact 2</b>	<b>Contact 3</b>
<b>Relationship to</b> <b>Child:</b>			
<b>Home address:</b>			
<b>Postcode:</b>			
<b>Home telephone:</b>			
<b>Work telephone:</b>			
<b>Mobile:</b>			
<b>Email:</b>			

**Proof of identity, a phone call for verbal permission with an accurate description of the collector is required before releasing any child to anyone other than those noted above.**

**A password is also required:**

**Signed: Parent/Carer: ..... Date: .....**

**Signed: Newts Manager: ..... Date: .....**

**Child's preferred language:**

**English                      Other spoken language (please state) .....**

**Child's ethnicity:**

**White                      Black/Black British**

**Mixed race groups                      Other ethnic group (please state) .....**

**Child's Religion: .....**

**Child's medical information/individual needs:**

**Name of doctor:**

.....

**Doctors' surgery and address:**

.....

.....**Postcode:** .....

**Doctors telephone number:** .....

**Known medical conditions, allergies, special dietary and health needs:**

**Yes              No      (please circle)**

**If yes please give details:** .....

.....

**Any other relevant information we should be aware of? Birthmark/asthma**

.....

.....

**Details of any medication being used: .....**

.....

**Has your child received a tetanus injection in the last five years?**

**Yes                      No                      (please circle)**

**To the best of your knowledge has your child been in contact with any contagious or Infectious diseases, or suffered anything that may be, or become contagious or Infectious?**

**Yes                      No                      (please circle)**

**If yes, please give details .....**

.....

**I undertake to inform the Manager of Newts as soon as possible of any change in medical and/or any other relevant circumstances.**

**Signed: Parent/Carer: ..... Date: .....**

**Signed: Newts Manager: ..... Date: .....**

**Arrangements in the case of sickness and/or any emergency:**

Newts does not accept children who are unwell and we expect parent/carers to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell during their stay with us we contact the parent/carer at the earliest opportunity. Staff at Newts have undertaken appropriate training to deal with an emergency.

Whilst every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services. Please sign below giving your consent to Newts Staff taking such action in your absence:

**I (print name) ..... Give my consent to Newts staff administering basic first aid (of which a written record will be kept).**

**Signature of parent/carer: ..... Date .....**

**I (print name) ..... Give my consent to Newts staff to sign any written form or consent required by hospital authorities, including anaesthetic, if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my child's health and safety.**

**Signature of parent/carer ..... Date .....**

### **Permission for use of sun cream**

During the hot weather, please send in your child's sun stick or roll on clearly labelled with your child's name as well as a completed consent form.

Please sign your consent below for staff to apply further sun cream if necessary.

### **Parental Consent**

**Name of child .....**

I give consent for a member of Newts staff to apply and/or reapply sun cream to the child named above.

**Signature: Parent/carers..... Date: .....**

### **Photographs and videos:**

Images of children at Newts on the Newton Hill Community website can be motivating for the children involved. We ask that parent consent to Newts taking and using photographs and images of their children. Any use of pupil images at Newts is underpinned by the E-safety Policy of Newton Hill Community School.

We will never include the full name of the pupil alongside an image.

### **Permission for photographs and digital images**

I consent to photographs and digital images of the child named below, appearing in the Newton Hill Community School printed publications or on the school website. I understand that the images will only be used for educational purposes.

I give permission for my child to be photographed.                      **Yes**                      **No    (please circle)**

I give permission for my child to be videoed.                              **Yes**                      **No    (please circle)**

I give permission for my child's photograph/video to be placed on the Newton Hill Community School website.

**Yes**                      **No    (please circle)**

On receipt of specific information, and a separate consent for each promotional activity, I give permission for my child's photograph/video to be considered for external promotional activities at Newts.

**Signed: Parent/carers: ..... Date: .....**

**Signed: Newts Manager: ..... Date: .....**

### **Fees at Newts**

<b>Session</b>	<b>Time</b>	<b>Set price</b>
Breakfast Club	7:30-8:50 a.m.	£4.50 (Breakfast provided)
Session 1 After school Care	3:15-4:15 p.m.	£4.00
Session 2 After school Care	4.15-6.00 p.m.	£5.00 (Light snack provided)

- If you have more than 1 child attending Newts, there will be a discount of 10% off the second child, not an overall 10% discount.

In order to forecast numbers and plan staffing ratios carefully, we require reasonable notice for extra attendance at Newts. However, regular monthly fees will be paid in advance each month through parent pay and 4 weeks written notice is required if the place at Newts is no longer required or the number of sessions the child attends is to be reduced.

Parent/carers are advised to speak to the Newts manager about payment of fees if there are any concerns.

**Please note:** There will be a charge for a late pick up e.g. if your child is booked in 3.15-4.15 and you pick your child up at 4.30 you will also be charged for the second session.

No shows will also be charged, however, if your child is ill from school charges will not apply for booked sessions.

### **Outstanding charges**

If there are any outstanding charges on your account for Newts, no new bookings will be accepted until your account is brought up to date. This will include any late fees.

**A child's continued place at Newts is dependent on continued payment of fees.**

**Please note that:**

- Newts reserves the right to amend the terms/conditions and registration fees at any time.
- It is our school policy that everyone who attends, works in or visits Newton Hill Community School has the right to enjoy the service we provide and all who attend our provision are expected to conduct themselves in a manner that is mindful of the presence of children.
- In the event of a compliment, concern or complaint please follow the Newton Hill Community School complaints policy. Initially please speak to Marie Myton (Newts Manager)

**Agreement between parent(s)/carer(s) and After School Club Newts:**

By completing and signing this contract and registration form

- I agree to meet the terms and conditions of Newts.
- I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.
- I agree to collect/make arrangements for my child to be collected from Newts immediately if I am informed that he/she is unwell.
- I agree not to send my child to Newts if he/she is not well.

**Name of parent/carers 1:** .....

**Signature of parent/carers:** .....

**Name of parent/carers 2:** .....

**Signature of parent/carers:** .....

Personal information contained in this contract and registration form is kept in line with the confidentiality policy and procedure for Newts.

This contract and registration form was passed for use in Newts

On:

By:

Position:

Date of planned review:

**Additional notes for Newts**