



# Extended School Registration Form

To register for an extended school place, please complete the following form. Forms can either be typed or handwritten and once complete scanned or photographed and emailed to [eastleigh@ymca-fg.org](mailto:eastleigh@ymca-fg.org)

## 1. Child's Details

Child's name _____	Gender: _____
Preferred name (if different from above): _____	Date of Birth _____
Resident/Home address: _____ _____ _____	Home phone number: _____
Second address – Is there another address where the child may live from time to time?	
Address: _____ _____ _____	Phone number: _____
Name of the person/s who lives there: _____	Relationship to child: _____
Child's place of birth: _____	
Nationality: _____	
First language: _____	
Other languages used at home: _____	



## 2. Parent / Carer Details

Please complete the details below for at least one person who has legal parental responsibility for the child. These parents/carers will be the first contacts in an emergency, therefore please ensure you provide all possible contact numbers and update YMCA immediately with any changes.

### 1<sup>st</sup> Person with Parental Responsibility (Main point of contact the child normally lives with)

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of work: \_\_\_\_\_

Work phone number: \_\_\_\_\_

First language: \_\_\_\_\_

Country of origin: \_\_\_\_\_

### 2<sup>nd</sup> Person with Parental Responsibility

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address if different to above: \_\_\_\_\_

Place of work: \_\_\_\_\_

Work phone number: \_\_\_\_\_

First language: \_\_\_\_\_

Country of origin: \_\_\_\_\_



### 3. Other Emergency contacts

Please use this space to tell us about any individual to whom you have given permission to collect your child in an emergency. We will use the contacts below as the 3<sup>rd</sup> and 4<sup>th</sup> people to contact in an emergency.

#### 3<sup>rd</sup> Emergency contact

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Place of work: \_\_\_\_\_

Work phone number: \_\_\_\_\_

First language: \_\_\_\_\_

Collection password \_\_\_\_\_

*(This can be any word which will allow us to identify them and permit collection of your child)*

#### 4<sup>th</sup> Emergency contact

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Address if different to above: \_\_\_\_\_

Place of work: \_\_\_\_\_

Work phone number: \_\_\_\_\_

First language: \_\_\_\_\_

Collection password \_\_\_\_\_

*(This can be any word which will allow us to identify them and permit collection of your child)*



#### 4. Other Family Information

Please provide details of other siblings, family members or other adults living at home:

**Siblings:**

Name	DOB	School Attending (If Relevant)
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

**Other Adults:**

Name	Relationship to Child	
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

**Persons who are strictly not permitted to collect your child:**

This section is for you to tell us about anyone you are aware of that may try to illegitimately collect your child, eg. where a restraining order is in place. We will only release your child to someone when you have given us specific authority to do so, this is to enable us to have a heightened state of concern should they visit.

Full Name \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Reason \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Reason \_\_\_\_\_

## 5. Medical Information

Please keep us informed of any updates and changes to this information.

<b>Immunisations</b> Has your child been fully immunised against the following? (Please delete as applicable)	
<b>Polio</b>	Yes / No
<b>MMR</b>	Yes / No
<b>Tetanus</b>	Yes / No
<b>Meningitis C</b>	Yes / No
<b>Whooping cough</b>	Yes / No
<b>HIB</b>	Yes / No
<b>Diphtheria</b>	Yes / No
<b>Pneumococcal Infection (PCV)</b>	Yes / No
<b>Is your child on regular medication?</b> Yes / No  If yes, please give details: _____  Parents are required to label all medicine and complete and sign a Medication form. Only prescribed medicine will be administered to children attending.	
<b>Does your child have any allergies?</b> Yes / No  If yes, please give details: _____	
<b>Is your child permitted to wear plasters?</b> Yes / No	<b>Can we use face paints on your child?</b> Yes / No
<b>Are there any foods or drinks that your child can not have on medical or religious grounds?</b>  If yes, please give details: _____	
<b>Is there anything else we should know about your child? (eg hearing, vision, speech)</b> Yes / No If yes, please give details: _____	
<b>General Practitioner/Doctor</b> Doctor name: Practice name: Practice address:  Telephone number:	<b>Health Visitor</b> Name or team name:  Address:  Telephone number:
I have / haven't attached further information (please delete as appropriate)	
I consent to any emergency medical treatment necessary while my child (Full name) _____ is under the care of YMCA Fairthorne Group. I authorise YMCA staff to sign any written form of consent required by the hospital authorities if the delay in getting the signature of a parent/guardian is considered by the doctor to endanger my child's health and safety.  All information will be treated as confidential	
<b>Parent's/Guardian's signatures:</b> _____ <b>Date</b> _____	
<b>Please print name:</b> _____	

## 6. Consents and permissions

Please provide us with details of your consents for the following activities.

### Activity Consents:

Activity	YES / NO (please circle)
• My child receiving emergency medical treatment whilst within our care.	YES / NO
• The application of sun cream to my child	YES / NO
• My child using face paints	YES / NO
• My child taking part in activities involving pets and organised visits from animals	YES / NO
• My child taking part in activities which take place outside the school (e.g. a supervised walk)	YES / NO
• My child using tools, including power tools (at age 3 years and over)	YES / NO

Parents and carers will be notified when these activities occur.

### Photo and video Consents:

I consent to photographs and videos of my child being taken for:

Activity	YES / NO (please circle)
• Use in my child's own observations	YES / NO
• Use in other children's observations when my child is taking part in a group activity	YES / NO
• Use in displays and newsletters	YES / NO
• Use in wider YMCA marketing activity (for example, website, social media, literature)	YES / NO

### Communication Consents

I consent to receiving the following types of communication.

Activity	YES / NO (please circle)
• Receiving specific updates about the progress of my child at extended school	YES / NO
• Receiving generic YMCA Eastleigh communications (e.g. home learning activities, nursery updates, community activities)	YES / NO
• Receiving communications about other YMCA activities and organisational updates across Hampshire	YES / NO

Where consent is given, please confirm the contact details to be used. Where you would like both parents to receive communications, please add both contact details.

Parent Name(s): \_\_\_\_\_

Email address(es): \_\_\_\_\_

Mobile number(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_



## 7. Contact with Children and Families/Social Services (If applicable)

Please provide details of any contact or support plan with social services, where applicable

Social Workers name:

Telephone number:

Address:

Are there any other agencies or support workers involved in your child's care? If yes, please give us more information below



## 8. Extended School Payment Details

Please provide details of how you will be paying your Extended School invoice each month.

Child's name:	Date Of Birth:
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Full name of the person responsible for payment: \_\_\_\_\_

Email address of payee to send invoices: \_\_\_\_\_

Signature of payee: \_\_\_\_\_ Date: \_\_\_\_\_

Unless stated below, YMCA requests all bills are paid by monthly direct debit.

**Payment by Childcare Vouchers**

Do you wish to pay by childcare voucher: Yes  No

I confirm that I wish to pay: *(please tick appropriate box)*

- My full fees by childcare voucher, every month until further notice.
- £ \_\_\_\_\_ by childcare voucher every month until further notice.

**Payment by Tax Free Childcare (TFC)**

Do you wish to pay by Tax Free Childcare: Yes  No

TFC Code \_\_\_\_\_

I confirm that I wish to pay: *(please tick appropriate box)*

- My full fees by TFC every month until further notice.
- £ \_\_\_\_\_ by TFC every month until further notice.

If at any point you wish to change the above please complete a new form and return it to the office by the 15<sup>th</sup> of the month.

**Declaration**

I confirm I have read and agree to the YMCA Childcare Terms and Conditions. These are available separately on our website.

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

Print name: \_\_\_\_\_



## 9. Sessions required

Please indicate the precise extended school sessions you would like to book

Child's Name:	_____
Start Date / Change Date	_____
Child's Date of birth:	_____

Please tick the required sessions on each day:

	Time	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast Club</b>	7.30am – 8.45am					
<b>After School Club</b>	3.15pm – 6pm					

**Thank you!**

Once complete, please return this form to [Eastleigh@ymca-fg.org](mailto:Eastleigh@ymca-fg.org).



**For YMCA Use Only**

<b>Converted</b>	
<b>Bill Payer Added</b>	
<b>Sessions Confirmed by YMCA</b>	
<b>Funding Form Completed</b>	
<b>Payment Details rec</b>	



Direct Debit Form (Please ensure you print this page on a separate piece of paper)



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

YMCA Fairthorne Group
Bugle House
53 Bugle Street
Southampton
Hampshire
SO14 2LF

Service user number

4 1 6 8 9 0

Name(s) of account holder(s)

[Empty box for account holder name]

Reference

[Empty box for reference]

Bank/building society account number

[Empty box for account number]

Instruction to your bank or building society

Please pay YMCA Fairthorne Group Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with YMCA Fairthorne Group and, if so, details will be passed electronically to my bank/building society.

Branch sort code

[Empty box for branch sort code]

Name and full postal address of your bank or building society

To: The Manager Bank/building society
Address
Postcode

Signature(s)

[Empty box for signature]

Date

[Empty box for date]

Banks and building societies may not accept Direct Debit Instructions for some types of account

DD12

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
If there are any changes to the amount, date or frequency of your Direct Debit YMCA Fairthorne Group will notify you 5 working days in advance of your account being debited or as otherwise agreed.
If an error is made in the payment of your Direct Debit, by YMCA Fairthorne Group or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
You can cancel a Direct Debit at any time by simply contacting your bank or building society.