



THANK YOU for choosing The Treehouse Club.

Please complete the following form in BLOCK CAPITALS and return it to The Treehouse Club to register your child. Should any changes arise then please inform us as soon as possible.

CHILD DETAILS												
Child's first and surname First and Surname											Male	Female
Known by nan	ne	Known	Known Child's DO									
Hair Colour		Colour		Eye Colour	Colour	our						
Nationality	Nationality Religion Religion			١		Ethnic Origin Origin						
Spoken Langu	ages		Languages									
If English is no	t the primary	language spo	ken at home, w	ill this be your chi	ild's first	experience of being	g in an Er	nglish-speaking	environm	nent?	? Ye	es No
Your Preferred Setting (please tick one)  Buttsbury Inf Junior School Billericay				St Peter's South Weald	nnymede Primary nool, Billericay		Start Date Start Date					
and provide the the person cor	Please provide a password to be used when calling the setting to talk about your child. If someone else will be collecting your child, please ensure you tell us beforehand and provide their full name. They will also need to provide the password below and we will verify his/her identity when collecting your child. If staff are unsure whether the person coming to collect your child is authorised, they will not allow your child to leave the setting until they have contacted you to obtain your consent.								sure whether			
PASSWORD												
Child's Class			Class Name									
GP INFO	GP INFORMATION											
GP's Name	Name GP			Practice Name		Practice						
Address	Address Address			Town/City		Town						
Postcode	Postcode					Telephone		Tel				





Please supply photographs of yourself and your named contacts/emergency contacts listed below. Photographs can either be emailed or sent in. Contacts must be over 18 years old.

or sent in. Contacts must be ove	er 18 years old.							
PARENT/CARER I	DETAILS 1							
Parent/Carer Full Name	First and Surname							
Parent DOB	DOB							
Home Address (in full)	Address	Insert Photo of Parent/Carer 1						
	Address	Pos	stcode		insert Hoto of Farent/ care F			
Telephone Contact	Home Tel	Mobile						
Occupation	Occupation	Work Tel						
Email	Email							
Relationship to Child	Relationship	National Ins	surance No.	NI Number				
Bill Payer?					Yes No			
PARENT/CARER I	DETAILS 2							
Parent/Carer Full Name	First and Surname				Insert Photo of Parent/Carer 2			
Parent DOB	DOB							
Home Address (in full)	Address							
Tick here if the same as Parent 1	Address	Pos	stcode					
Telephone Contact	Home Tel	Mobile						
Occupation	Occupation	Work Tel						
Email	Email							
Relationship to Child	Relationship	National Ins	surance No.	NI Number				
Bill Payer?					Yes No			
PARENT/CARER R	RESPONSIBILITY & LEGAL C	ONSENT	4					
Does parent/carer <b>1</b> have par	ental responsibility?	ent/carer <b>1</b> hav	re legal responsibility?					
Does parent/carer <b>2</b> have par	rental responsibility?	ent/carer <b>2</b> hav	ve legal responsibility?					
Is there anybody that is <b>NOT</b> allowed to pick up or see the child stated in the application form for legal reasons? Name:								
Optional (Additional Comments)								

## Page

## **OUT OF SCHOOL REGISTRATION FORM**

Please do not put parent/guardian details in this section. Emergency contact details are required when parents/guardians are uncontactable.

EMERGENCY CON										
Emergency A Full Name	First and Surname									
Telephone Contact	Tel		Mobile			Insert Photo of Emergency Contact A				
Work Mobile & Work Tel	Mobile		Tel							
Relationship to Child	Relationship									
Does Emergency Contact <b>A</b> ha	ave parental responsibility?	S	No		Does Emergency Contact A	have legal responsibility?	Yes No			
EMERGENCY CON	TACT DETAILS B									
Emergency B Full Name	First and Surname									
Telephone Contact	Tel		Mobile			Insert Photo of Emergency Contact B				
Work Mobile & Work Tel	Mobile		Tel							
Relationship to Child	Relationship									
Does Emergency Contact <b>B</b> ha	ave parental responsibility?	s	No		Does Emergency Contact <b>B</b>	have legal responsibility?	Yes No			
MEDICAL CONDIT	TIONS & ALLERGIES PL	ease pro	ovide is wit	th d	details of the following an	nd treatments, if required	d:			
Does your child have any med		Yes N	۷o	Comment						
Does your child have any med		Yes N	No	Comment						
Does your child have any non		Yes N	10	Comment						
Does your child have any diet intolerances, preferences?)	ary requirements (incl. food allergie	S,	Yes N	Vo	Comment					

# Page

## **OUT OF SCHOOL REGISTRATION FORM**

SPECIAL EDUCATIONAL NEEDS & DISABILITIES Please provide us with details of the following, plus treatments, if required:											
Will they require any special assistance within the setting?							Yes	No			
If yes, please provide us with details of these.											
Is there any ot	her professiona	als who have contact with your child?	Yes	N	No If YES,	please fill out below					
Full Name	First and Surna	me			Role	Role					
Agency	Address				Contact Tel	Tel					
Agency Addres	SS	Address									
		Address					Postcode				
We reserve the right to retract or defer a child's place at any time if any medical or additional needs condition is not disclosed in advance of the child's start date and we deem that the wellbeing for the child could be affected.											
PERMISS	SIONS										
service we pro	vide, your perso	ldcare, we would like to understand your ponal data and our marketing for the setting all the categories below.		_	- '		-	-			
HEALTH	H & WELLB	BEING									
Administra	tion of sun crea	ım			Administration	on of emergency medication					
РНОТО	PHOTOGRAPHY & IMAGES										
We often take photos and images in our settings for various internal purposes as well as documenting your child's learning journey. Please can confirm if you are happy for us to store and use such images. The Treehouse Club retains ownership of marketing material. If the consent is changed at a future date; Treehouse Club is responsible for any photos/marketing used moving forwards. However, The Treehouse Club and sister companies are not responsible and cannot backtrack on previously used photos when permissions were granted and subsequently changed. This consent grants usage for the Treehouse Club and associated sister companies.											
Laive consent for mu child to appear in:						roup Photos on Digital Journals (Online Learning Journal) which may nerefore be seen by other parents/carers					
Displays and other internal documents in the Setting					External Photos, Videos and other Marketing including other Social Media Sites for our sister companies						
External Photos, Videos and other Marketing including our Facebook Page and other Social Media Sites  I consent to these photos being stored on The Treehouse tablets and other electronic devices & computers (internal photos, Videos and other Social Media Sites)							ub laptops,				



Please accept this form as my application to REGISTER my child named below at The Treehouse Club (also known as The Tree House Premier Child Care Limited)										
Child's Name	Name									
I commit to give written notice to setting of any change in the information provided in this document. I confirm that I have read The Treehouse Club's Policies and Procedures. These documents are available on the Treehouse Club website. Please tick to confirm.										
I understand that my child's place can not be confirmed until all required documentation for registration is submitted. Please tick to confirm.										
The Treehouse Club prides itself with their working relationship with parents and the local community, any issues will be dealt with promptly and professionally following our complaints procedure. We reserve the right to give notice on any place, if posts that could be detrimental to the company are posted on social media or review platforms. Please tick to confirm.										
In event of a medical emergency, we will endeavor to contact you as parent, carer and/or named emergency contact using the information you provided to us in your Registration form. If we are unable to, for the safety of your child, it may be necessary to accompany the child to hospital. In relation to this, we require your child's full name and DOB to be listed on the daily register, emergency contact details to be stored and taken off-site where necessary.  Please tick to confirm.										
TO BE SIGNED BY PARE	NT/CARER 1:									
Name	Relationship to child									
Signature	Date									
TO BE SIGNED BY PARE	NT/CARER 2:									
Name	Relationship to child									
Signature	Date									

#### **PAYMENT OPTIONS**

Once registered, our invoice will be emailed to the lead parent on this registration form.

The invoice will include our bank details and all information.

We accept  ${f childcare\ vouchers}$ . Please ask our head office for details relating to your specific provider by emailing: Admin@TheTreehouseClub.co.uk

Payments can also be made through the **Government Tax Free Childcare Scheme** - Please provide us with your child's unique reference number, so we can ensure payments are correctly allocated.





#### POLICIES, PROCEDURES & PERMISSIONS

All policies and procedures are available to view in the Online Parent Portal.

**ADVERSE WEATHER OR OTHER BUILDING PROBLEMS:** The Treehouse Club Out of School Club will always do their best to open and offer care, if there is extreme weather we will do our best to open, we may however have to close due to circumstances beyond our control. These days will remain chargeable.

**SUN CREAM:** In hot weather, please ensure that your child arrives to each session with sun cream already applied, however if it is necessary for the setting to reapply, you give permission for staff to administer hypoallergenic sun cream (supplied by you) to your child when necessary.

**EMERGENCY TREATMENT DECLARATION:** In the event of an accident, emergency or extreme high or low temperature involving your child, you understand that every effort will be made to contact you immediately to request to administer medication however emergency services will be called as necessary and you understand that your child may be taken to hospital accompanied by the Setting Manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in your absence.

FOR INHALERS / EPIPENS ONLY: You give permission for a named and approved member of staff who has been trained to administer the inhaler / Epipen or Anapen (supplied by you) to your child.

SICKNESS: Child wellbeing is one of our highest priories, if your child has required Calpol or other medication before their session please do not bring them to the setting as they may be at the beginning of an illness and require rest. If a child arrives ill the manager will make the decision if they are fit to attend the session. Whilst in our care if your child displays signs of ill health we will try to contact you however if this develops into sickness and/ or diarrhea then you will be required to pick your child up and have 2 clear days home rest after the last bout of sickness or diarrhea.

**MEDICATION:** If your child is placed on short term or long term medication we require them to be off for 1 clear day if they have not taken the medication before, when returning a medication form will be required to be completed and signed at the end of each day. Please note medication will only be given if it is prescribed by a doctor and has a doctors sticker on the packaging.

PHOTOGRAPHS: (OOS Use) As part of the on-going recording of our curriculum, staff regularly take photographs of the children during their play. These photographs are used for display and for your child's records within the setting. You will have access to these photographs via your log-in portal on our interactive learning diaries. Photos or videos of your child will be retained on our computer systems until your child leaves us. You give permission for your child to have their picture taken and / or be videoed as per the conditions above.

TRIPS AND OUTINGS: The outdoors are an integral part of our learning setting and these will be used on a regular basis. In addition to this, we may take the children on external trips to local parks, amenities and other venues that are of benefit to their learning.

All of our external trips are risk assessed and these assessments are available for your viewing. All parents are advised in advance of any external trip taking place, by email.

I confirm and agree that I have read, and agree to, the above permissions:

TO BE SIGNED BY PARENT/CARER 1:		
Name	Relationship to child	
Signature	Date	
TO BE SIGNED BY PARENT/CARER 2:		
Name	Relationship to child	
	Date	

# 7

#### **OUT OF SCHOOL REGISTRATION FORM**

#### GDPR - YOUR PRIVACY MATTERS TO US

#### AT THE TREEHOUSE CLUB, WE VALUE YOUR PRIVACY AND ARE COMMITTED TO MANAGING AND SAFEGUARDING YOUR PERSONAL INFORMATION.

Our privacy/GDPR policy provides clear information about the data we collect, and how we process and protect your personal information. Under GDPR rules, we will only collect and store personal information about you, your family, children and any connected parties that you provide to us for the provision of our childcare services. It also covers your rights as an individual and how the law protects you.

All data held is securely stored on password protected IT systems or in secured areas of our nurseries. Once any data is no longer required it will be passed back to you or securely destroyed. We are asking you for this information because it is a requirement of the Early Years Foundation Stage, our statutory framework. We will hold specific information; such as safeguarding, welfare information, compliances related to your child with the EYFS and or childcare registers and store it until the child is 21 years 3 months old for insurance purposes. Learning and development information about your children will be held to comply with the EYFS and it will be returned to parents or destroyed when your child leaves the setting or joins school.

To provide the best childcare service possible, we will only send you information that is directly related to our services.

To help us comply with new data rules, we need to confirm that you would like to receive communication from us such as: newsletters, emails, details of upcoming events, company information and occasional communication relevant to childcare and educational topics/issues.

To receive information/communications from Treehouse Club, please opt-in here: (with a tick)

YES please, I would like to receive communication from The Treehouse Club.

NO thanks, I do not want to receive communication related to the Treehouse Club.

TO BE SIGNED BY PARENT/CARER 1:	
Name	Relationship to child
Signature	Date
TO BE SIGNED BY PARENT/CARER 2:	
TO BE SIGNED BY PARENT/CARER 2:  Name	Relationship to child

Naturally, you are able to unsubscribe from our communication list at any time. Should you have any questions on the above, please contact: <a href="mailto:admin@thetreehouseclub.co.uk">admin@thetreehouseclub.co.uk</a>

# Page 8

#### **OUT OF SCHOOL REGISTRATION FORM**

#### REGISTRATION

**RECEIVING A PLACE**: Once receiving your place at The Treehouse Club we require at least 4 weeks notice prior to starting to cancel your place without incurring 1 months fees. If you would like to change or cancel a place once your child is with us we require 4 weeks written notice. We do not offer breaks in care or the ability to swap sessions.

DISCOUNTS: We offer a 10% sibling discount to the oldest child/ren when joining The Treehouse Club.

CHILDCARE VOUCHERS: We accept childcare vouchers as payment towards your child's sessions. We are already registered with several of the main providers of these. If your employer uses a different scheme, then we would be pleased to register with them if you provide the relevant information to us. Please note that we require all voucher payments to arrive in our account by the 1st of each month.

**INVOICES:** We invoice for everyone's sessions monthly in advance (around 14th of month) and fees are due by 1st of every month and are non-refundable for any sessions that your child cannot attend. This includes illness and holidays that you arrange. (If your child is ill, please refer to our illness policy and procedure to confirm when they can return to the Setting).

We request that all fees are paid via BACS transfer, tax free childcare or childcare vouchers. Invoices that are outstanding by the 1st will incur a £10 weekly charge. Non-payment of fees will regrettably result in your child losing their place with us.

If for any reason we have to close the Setting for safety reasons, e.g. adverse weather conditions, we are unable to provide a refund for these sessions as this is out of the Setting's control. The Setting is also closed on all National and Bank Holidays and these remain chargeable. Inset Days are not chargeable. No refunds can be provided for any other school closures that fall within the published School Term times including, but not limited to, Polling Days

I confirm that I understand that fees are payable monthly in advance by the 1st of every month. Should I choose to cancel my child's place with the Club (including any reduction in sessions), 4 weeks written notice is required or 4 weeks fees in lieu of notice.

Please note that by signing, both parents are confirming their agreement to pay all fees in full regardless of circumstances. I confirm that I have read, and agree to, the above fee information.

TO BE SIGNED BY PARENT/CARER 1:	
Name	Relationship to child
Signature	Date
TO BE SIGNED BY PARENT/CARER 2:	
TO BE SIGNED BY PARENT/CARER 2:  Name	Relationship to child



SESSIO	NS (Please mark all the sessions you require:)					
Session		Monday	Tuesday	Wednesday	Thursday	Friday
	ool Club (7:30am - School Start Time) nfant & Junior School)					
	l Club (School Finish Time - 6:00pm) nfant & Junior School)					
After Schoo	l Club (3:15pm - 6:00pm) (St Peters)					
After Schoo	l Club (3:15pm - 6:00pm) (Sunnymede Infant School)					
	are not chargeable. No refunds can be provided fo ited to, Polling Days.	r any other school	closures that fal	l within the publis	shed School Term	times including,
CONFI	RMATION					
	nat all of the above information has been completed s of The Treehouse Forestry Out of School Club.	I to the best of my	knowledge and <sup>.</sup>	that I agree to all	terms, conditions	, policies and
то ве	SIGNED BY PARENT/CARER 1:					
Name		Relationship to	child			
Signature		Date				
TO BE	SIGNED BY PARENT/CARER 2:					
Name		Relationship to	child			
Signature		Date				
KIT LIS	ST					
Summer: Su	ure that your child has weather appropriate and NAMED clot un hat and sun cream ter proof winter coat, gloves, jumper and hat.	hing plus extras:				
	CONTACT AND	FOLLOW US	ON SOCIAL	MEDIA		
	TheTreehouseClub.co.uk 📞 0127	7 402 018	Adve	nture@TheTi	reehouseClub	o.co.uk
	TreehouseForestryClub	<b>o</b> lovetree	houseclub	<b>9</b> @Club	_Treehouse	