

MEMBERSHIP APPLICATION FORM "LES POUSSINS (Milton Keynes) CIC"



Please fill in all relevant details to allow us to process your application as quickly as possible.

Applicant's Surname:.....	Spouse Surname:.....
Applicant's First name :	Spouse First Name:.....
Applicant's mobile number :	Spouse mobile number :.....
Applicant's email address (general information)@.....	Spouse's email address (emergency information)@.....
Address:	Landline phone
.....	
City	Postcode :.....

Please register your children even if they will not be attending Saturday classes (for insurance purposes).

Gender	Surname of child	First name of child	Date of birth	UK year group	Allergies, medical condition*
M / F			__ / __ / ____		
M / F			__ / __ / ____		
M / F			__ / __ / ____		
M / F			__ / __ / ____		

* please fill in the Emergency form overleaf

GENERAL INFORMATION

Please refer to information leaflet for all current fees. Fees will be updated before the start of each school year (September).

This form and the attached insurance papers will be valid for as long as the signatory and their family remain a member of Les Poussins. Membership will only continue, subject to regular monthly payments. The £10 Library deposit can be claimed when you leave Les Poussins. Unclaimed deposits will be donated to the Library fund.

Please note that under the children Act 1989 we are required to inform the Social Services Department of any child whom we might suspect of suffering from or is believed to be at a significant risk of child abuse.

Please note that names and contact details are shared with the other members of the school for the sole purpose of normal operation of group and social networking. They are not used and or not to be used by any member for marketing purposes or any other use, commercial or not, outside the group.

TERMINATION OF MEMBERSHIP

Your membership with les Poussins can be terminated at any time but we require a 6 weeks notice.

By signing this application, you agree to :

- ✓ **Photography** : Your child(ren), or any member of your family appearing on the group's web site. As you are aware, "Les Poussins" have a web site (www.lespoussins.org.uk) where pictures of members of the group may appear. No personal information shall be displayed on the web pages, nor will images of members be accompanied by names. However, as the web site will contain photographs of members of the group during various activities, we would like you to agree in principle, to members

of your family appearing on the site. Photos are also occasionally shared on the Facebook page (closed group) or within the group or outside the group where appropriate.

- ✓ **Dressing up** : you allow the teaching personnel to help your child(ren) change prior to organised themed parties and for fittings as and when required.
- ✓ **Emergency procedures** : Should your child be taken ill, or have an accident, while he or she is attending any activity organised by Les Poussins, you authorise the adult in charge to give permission to a doctor, paramedic or other appropriate medically qualified person to undertake whatever treatment is considered necessary. You will be contacted by Les Poussins to inform you of the situation on the phone numbers you provided above.

IF ANY CHILDREN ATTENDING LES POUSSINS HAVE A KNOWN MEDICAL CONDITION SUCH AS ALLERGIES, DIABETES, ASTHMA, OR ANY OTHER CONDITION WE SHOULD BE AWARE OF, PLEASE STATE DETAILS BELOW.

Name of children (First&Last):	Date of birth	Condition	Treatment
1.	__ / __ / ____
2.	__ / __ / ____
3.	__ / __ / ____
4.	__ / __ / ____

I agree to the above conditions, on behalf of my family,

Relationship to child(ren).....

Signature

Date __ / __ / ____



The following information is required by the Milton Keynes Council for our registration as a youth group so that they can monitor who uses their facilities. Names are not shared with the Council and the personal information below remains in our files and is not shared with the other members of the group.

<i>Please note the number of members of your family who are...</i>	Under 12		13-19		20+		Volunteers	
	male	female	male	female	male	female	male	female
Asian								
Black								
Mixed Race								
White								
Other								
Totals								

Number of members with a disability (not just physical)

Please identify the main languages that are spoken within your family

1.	2.
3.	4.

What nationality(ies) is(are) your child(ren)? _____

The following information is for our use in school such as geography lessons, again personal information will not be shared with the other members of the group.

	Member	Spouse
1. When did you arrive permanently in the UK ?		
2. How did you hear about "Les Poussins"		
3. What year did you join?		
4. Is the UK now your permanent residence or temporary?		
5. Which country were you born in ?		
6. Which town do you originate from ?		
7. Profession		
8. What brought you to the UK (birth, studies, work, love,....)		

INSURANCE DECLARATION



Les Poussins is a Community Interest Company run by parents whose children attend the activities run by the group. It currently has two directors: Florence Burey-Abraham and H el ene Rice.

Les Poussins maintains a public liability insurance to cover any legal claim made against the group arising out of the death or injury to any child or person due to the negligence of any of the people who organise or supervise any of its activities. This insurance policy does not cover any claim made against Les Poussins arising out of death or injury, which is not due to negligence. It may not cover any claim made against Les Poussins for damage caused to any premises or property by a child whilst attending any activity organised by the group.

For this reason, we ask a parent of each child attending Les Poussins to sign and return a copy of this declaration indicating agreement to the following liability limitations.

1. Each parent agrees that they and their child(ren) will not hold Les Poussins or any of the people involved in the organisation of Les Poussins, liable for the death or injury of any child whilst attending or travelling to or from any activity organised by Les Poussins, except if it is proven that the death or injury was caused by the negligence of one of the people who organise Les Poussins, or supervise the activities.
2. **Each parent agrees that it is their responsibility to look after their child(ren) up to the time that the lesson or activity starts, and to ensure that the children are collected promptly at the agreed time afterwards. Les Poussins is not responsible for the supervision of children after the agreed end time of any activity.**
3. **Children in "les Bouts d'Chou" are under the responsibility of their parents during the break, 11:10 to 11:30AM**
4. Each parent agrees that they are responsible for any damage, injury or death that may be caused by their child(ren), and agrees to reimburse Les Poussins for any damage and compensate for any injury or death resulting from their child(ren)'s actions except where death or injury is caused by negligence of any person organising or supervising an activity of Les Poussins.

Name of children:	Date of birth:
1.	__ / __ / __
2.	__ / __ / __
3.	__ / __ / __
4.	__ / __ / __

Signed..... Relationship to child(ren).....

Name..... Date: __ / __ / __