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

|  |  |
| --- | --- |
| **Applicant’s details** | |
| **Surname** |  |
| **First name** |  |
| **Mobile number** |  |
| **Landline number** |  |
| **Email address (general information)** |  |
| **Address** |  |
| **Postcode** |  |
| **City** |  |
| **Spouse’s details** | |
| **Surname** |  |
| **First name** |  |
| **Mobile number** |  |
| **Email address (Emergency information)** |  |

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\*** | **SEN (special educational needs)** |
| **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 kept confidential and are accessible solely by the administration staff of the school for the sole purpose of normal operations. Your data will not be made accessible to third parties, commercial or not. Please refer to our privacy policy on www.lespoussins.org.uk.

**TEMINATION OF MEMBERSHIP**

Your membership with les Poussins can be terminated at any time but we require 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 website. As you are aware, “Les Poussins” have a website (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 website 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: Date of birth Condition Treatment

1. ………………………………… \_\_ / \_\_ /\_\_\_\_ .............................................. .......................................

2. ………………………………… \_\_ / \_\_ /\_\_\_\_ .............................................. .......................................

3. ………………………………… \_\_ / \_\_ /\_\_\_\_ ............................................ ........................................

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

Relationship to child(ren)……………………….

**Signature** ………………………………….. **Date** \_\_ / \_\_ /\_\_\_

**STATISTICS**

The following information is required by 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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please note the number of members of your family who are...** | **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:

|  |
| --- |
|  |
|  |
|  |
|  |

Your child(ren) are (tick as appropriate)\*:

 French

 British

 Other

***\*This data may be requested by third parties when we apply for grants. Such data would only be submitted to third parties in an anonymised format.***

Please specify which school your children attend (UK):

|  |  |
| --- | --- |
| Name of the school: | Address: |

The following information is to be used exclusively to help us maintain staffing in all areas.

|  |  |  |
| --- | --- | --- |
|  | **Member** | **Spouse** |
| **1. Would you be willing to help out the group?** |  |  |
| **2. Do you have any interests/expertise in:** |  |  |
| Teaching/Teaching support |  |  |
| Administration |  |  |
| Information technology |  |  |
| Library |  |  |
| Finance |  |  |
| Comité des fêtes |  |  |
| Other, please specify |  |  |

Les Poussins is a Community Interest Company run by parents whose children attend the activities run by the group. It currently has three directors: Hélène Rice, Raphaëlle Clark and Claire Husaunndee.

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** |
|  | ……… / ……….. / ………… |
|  | ……… / ……….. / ………… |
|  | ……… / ……….. / ………… |

**Name**  ………………………………………………………….

**Relationship to child(ren)** ………………………………………………………….

**Signature** ………………………………………………………….

**Date** \_\_\_\_\_\_ / \_\_\_\_\_\_ /\_\_\_\_\_\_\_