

After School Club

Registration form

Basic details			
Name of child	Date of birth		
Name known as	Gender (male or female)		
Name of parent(s)/Carers with whom the child lives _			
Address			
Telephone Mobile			
Emergency contact numbers:			
Name	Relationship to child		
Telephone	Mobile		
Name	Relationship to child		
Telephone	Mohile		

Personal details of child:

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No (delete) If yes, please detail below:

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our After School Club?

Does your child have any special needs or disabilities? Yes/No (delete) If yes, please give details:

What other information is it important for us to know about your child?

Who will normally collect the child from the After School Club?

Name:

Relationship to child:

What days would you like your child to attend the club? (please tick)

Monday	Tuesday	Wednesday	Thursday	Friday

Terms and Conditions:

• An invoice for each term will be issued by the end of the first week and should be paid within five working days.

• Any unpaid fees may result in your child being withdrawn from the After School Club until all fees are paid.

• If you are experiencing financial difficulties you should speak to the Supervisor of the After School Club, who will refer the matter to the Governors of the School.

• All children will need to be collected before or at 5.30pm by the adult named on this form. If another adult is to collect your child, the club operates a password system and no child will be released to any adult who does not know the password. Children MUST be collected by an ADULT.

To be completed by parent/carer:

• I agree to the terms and conditions specified in this registration form.

• I understand that if required, my child will be taken by staff to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary.

• I am providing the following, secure password for collection of my child(ren). (Please do **NOT** share this with your child)

PASSWORD _____

Signed: Date:

To be completed by the Supervisor:

Date starting at After School Club:

Days and times of attendance: