



After School Club Registration Form

Basic details

Name of child _____ Date of birth _____

Name known as _____ Gender _____

Name of parent(s) /carer(s) child lives with _____

Address _____

Telephone number _____

Who will be picking up child? (if this changes please ring to let us know)

Emergency contact details

Name _____ Relationship to child _____

Telephone _____ Mobile _____

Name _____ Relationship to child _____

Telephone _____ Mobile _____

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

If yes please give detail below:

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

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Does your child have any special needs or disabilities? Yes/No

If yes please give detail below:

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Is there any other information that is important for us to know about your child?

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What days would you like your child to attend the club? (if known)

Monday	Tuesday	Wednesday	Thursday	Friday

Terms and Conditions:

- An invoice for each term will be issues by the end of the first week and should be paid within five working days.
- Any unpaid feed may result in your child being withdrawn from the After School Club until fees are paid.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**